

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Died at	Bladensburg	Prince		
Date of death	Month	Day	Years	Months
1960	April	4	1	
Sex	Color or Race	Age	Days	
Male		60 years		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	Father's Birthplace			
Charles Anderson	Euston MD			
Mother's Maiden Name	Mother's Birthplace			
Isla Gallaway	Bladensburg			
Name of person giving Information	How related to deceased			
Terrier Gallaway	Daughter			

CAUSES OF DEATH

1053

Primary

Indigestion

How long

7 days

Immediate

Heartburn

How long

2 days

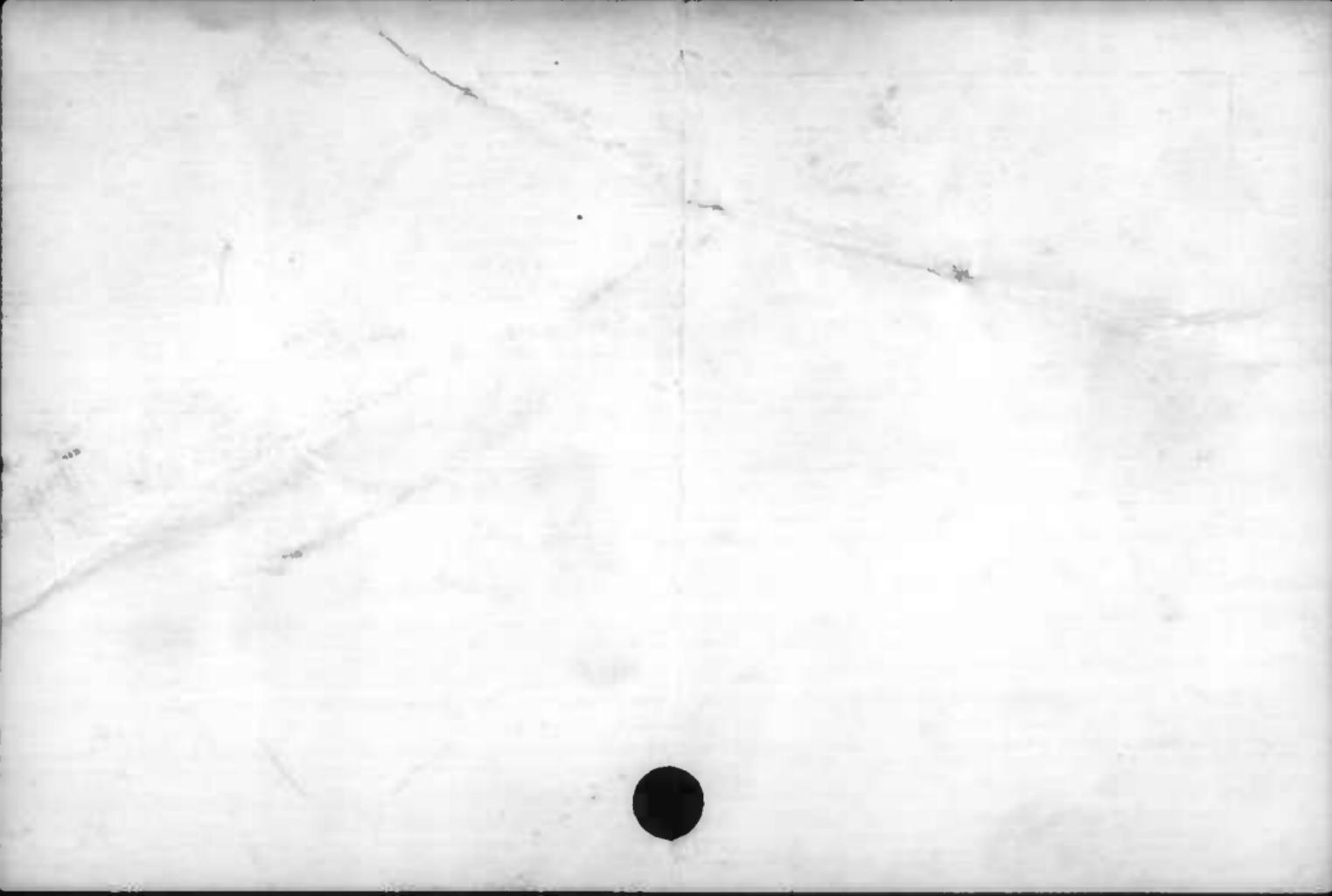
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

B. A. Willard
Hyattsville,
MD



Name
in
Full

Want of Harry & Sadie Bivens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Oxon Hill, Prince George's County
Town Month Day Years Months Days
Date of death 1960 4 6 — —
Sex Female Color or Race White Birthplace 11d.
Occupation — Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Harry Bivens

Father's Birthplace

N.J.

Mother's Maiden Name

Sadie Dean

Mother's Birthplace

Md. Father

Name of person giving Information

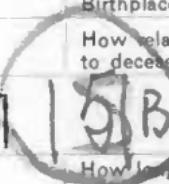
Harry Bivens

How related to deceased

Primary

CAUSES OF DEATH

Premature Birth



How long

Immediate

underdeveloped organism

Are the name, age, sex, color, date and place correctly given above?

Yes

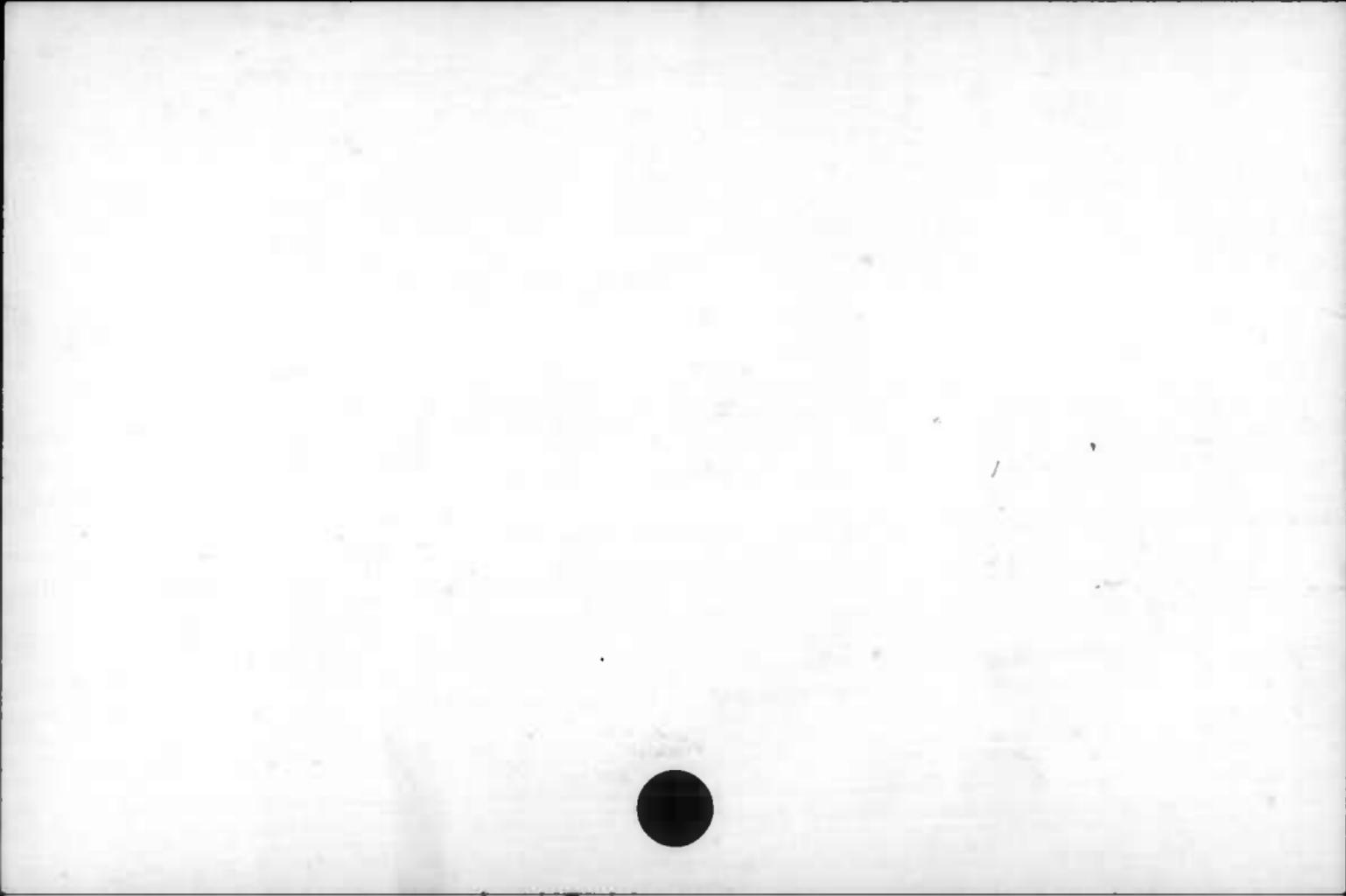
Signature of Physician

Address

E.P. Simpson M.D.
Bong Heights
R.F.D. No. 3-

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Horsey W Brady

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodmore</u>		Town <u>P. S.</u> County		MARYLAND		
Date of death <u>1900</u>	Month <u>April</u>	Day <u>24</u>	Age <u>1</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>P. S. Co Ind.</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>					
Father's Name <u>Daniel W Brady</u>	Father's Birthplace <u>P. S. Co Ind.</u>					
Mother's Maiden Name <u>Ella B Gilchrist</u>	Mother's Birthplace <u>Wilmington Del.</u>					
Name of person giving Information <u>C. W. Brady</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

1051

How long

18 mos

How long

several hours

PHYSICIAN
OR CORONER

Primary

Acute Enteritis

Immediate

Collapse

Are the name, age, sex, color, date and place correctly given above?

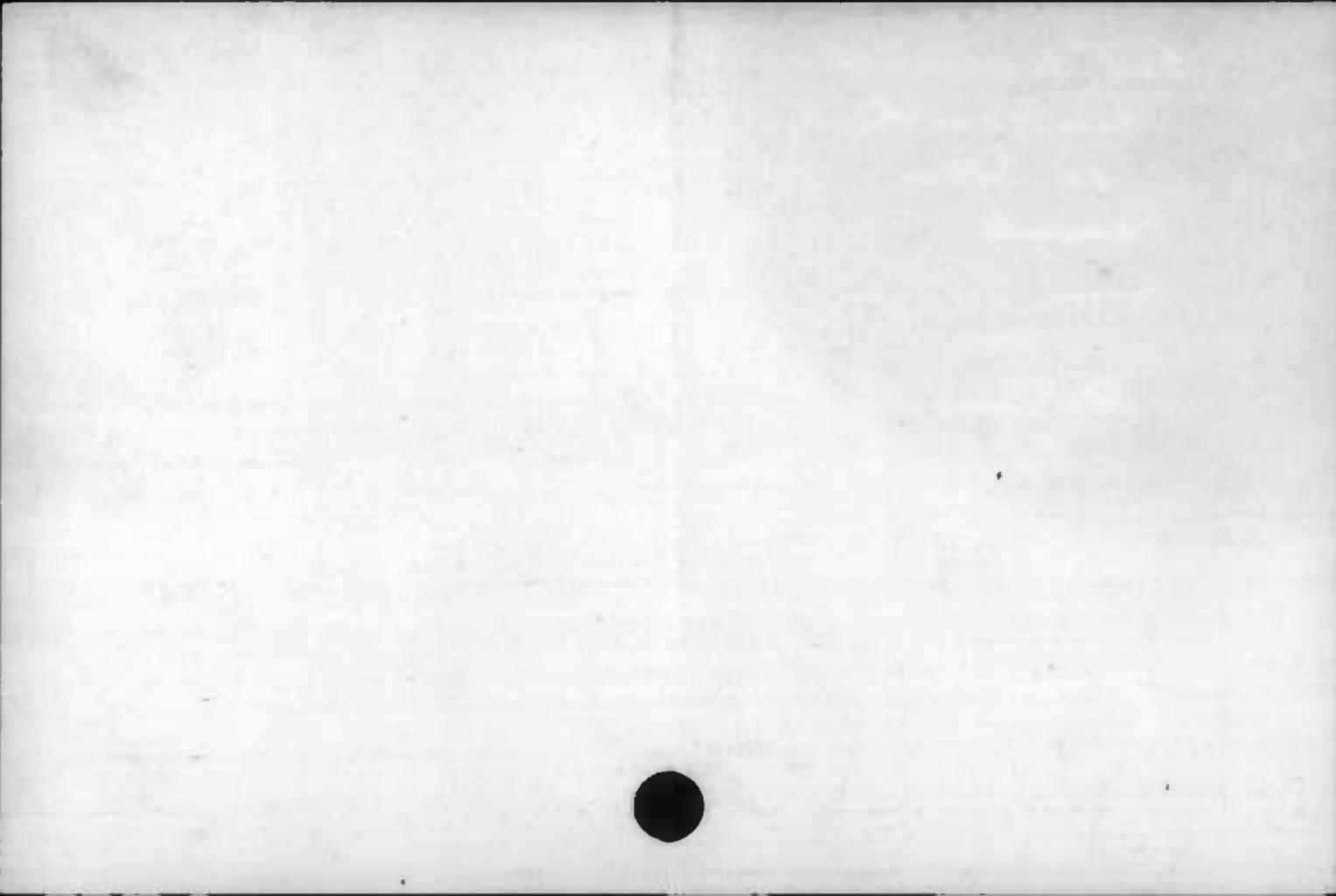
Signature of Physician

Address

J. M. Darall M.D.
Springfield
Ind.

Accident or Suicide?

W



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not married -

Town

Bryant

County

Died at New Deechuck

Month

Day

Prince Geo -

Date of death 1980 Apr. 10

Years

Age

CERTIFICATE OF DEATH

MARYLAND

Months

Days

- 28 hours

Sex Female

Color or
Race

white

Birth-
place

New Deechuck

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Arthur B. Bryant

Father's
Birthplace

P. G. Co. Ind.

Mother's
Maiden Name

Effie E. Clements

Mother's
Birthplace

Elco. Co. Ind.

Name of person giving
Information

Arthur B. Bryant

How related
to deceased

Father

CAUSES OF DEATH

Primary

Anoxia -

150

✓

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. W. Mitchell M.D.
Perryville Ind.

Accident or Suicide



Name
in
Full

Rosa Buttes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Brentwood Town Prince Geo. County
Date of death 1908 Month April Day 30 Years — Months 8 Days —

Sex Female Color or Race colored
Occupation house

Birth-place Wa.

Where Residing if not
at place of death ✓

Married, Single
or Widowed —

Name of Wife or
Husband —

Father's
Name Overtene Butler

Father's
Birthplace Wa

Mother's
Maiden Name Rosa Day

Mother's
Birthplace Wa

Name of person giving
Information Lucy Wallace

How related
deceased Aunt

CAUSES OF DEATH

Primary Pneumonia

93 ✓

How long 3 days

Immediate "

How long "

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

330

Accident or Suicide 9

gpd
sw

H. D. Wileman
Hyattsville, Md.

Willie L. Mohler
13 yrs 3 mos

and

Thomason a-a
Willie & Lipscomb. va

Name
in
Full

Charles Henry Carroll

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Sustans	Town	Prince Geo.	County	-	MARYLAND	
Date of death	1960	Month April	15	Day	Years 6	Months 6	Days 2
Sex	Male	Color or Race	Black	Birth-place	Maryland		
Occupation	Chef	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	none				
Father's Name	James R. Carroll	Father's Birthplace	Maryland				
Mother's Maiden Name	Hattie F Brooks	Mother's Birthplace	Maryland				
Name of person giving information	Hattie F Carroll	How related to deceased	Mother				

CAUSES OF DEATH

93 ✓

PHYSICIAN
OR CORONER

Primary Typhoid Pneumonia

How long

1 w/e

Immediate Exhaustion

How long
2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

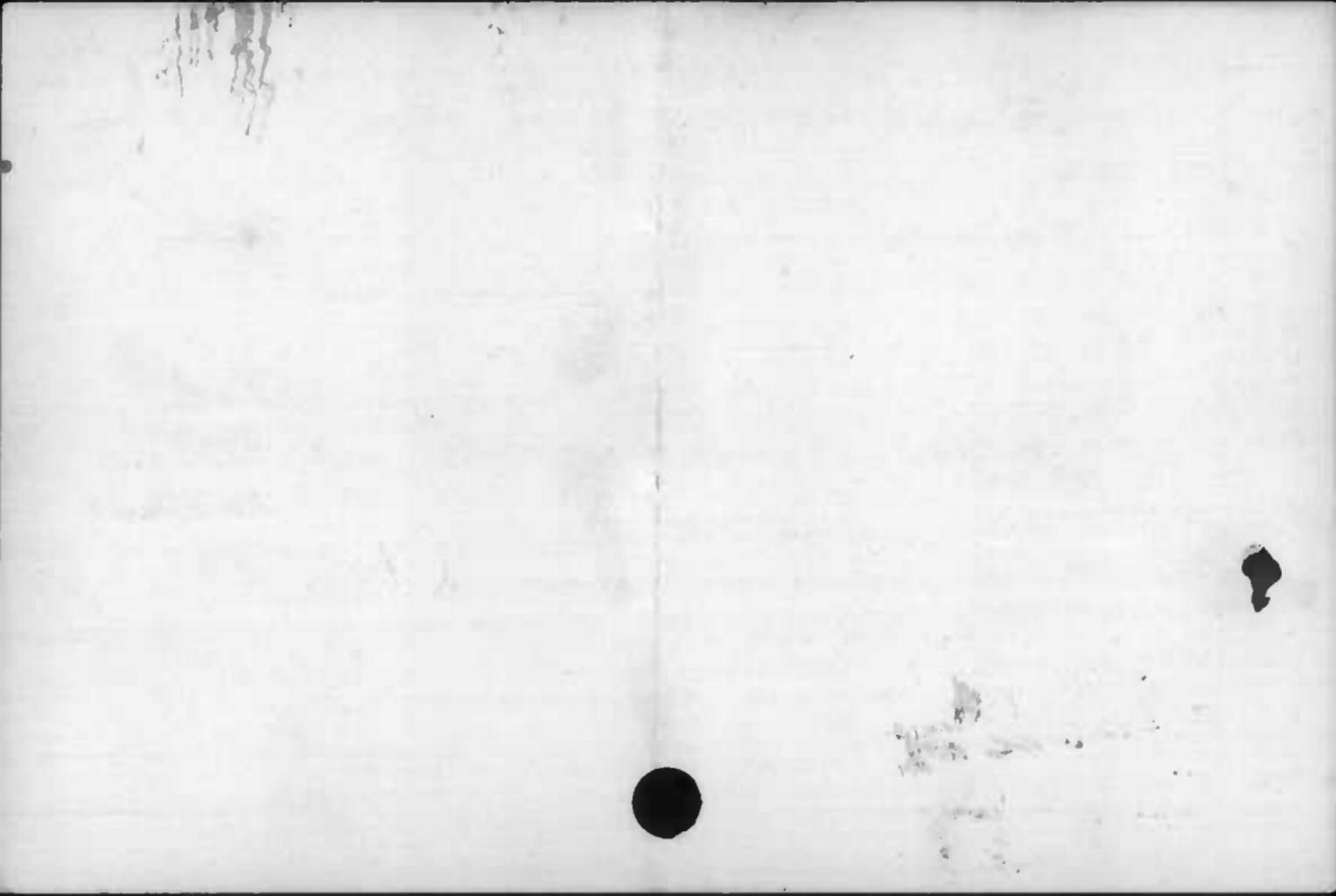
Signature of Physician

Charles M. Emmons

Address

Sustans Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name

Cole

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	0 0 0
Occupation	Where Raiding if not at place of death	Birth-place	Md
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Harry	Lever,	Md
Mother's Maiden Name	Effie Keatley	Cole	D.C.
Name of person giving Information			How related to deceased

CAUSES OF DEATH

Primary

Still Born

(D) V

How long

Immediate

Are the name, age, aex, color, date and place correctly given above?

yes.

Signature of Physician

Address

W. Storay & Byrdery
Saunders
Md.

Accident or Suicide

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James E. Crawford

CERTIFICATE OF DEATH

Died at	Town	County			
Mar 15	Malboro	Prince George			
Date of death	Month	Day	Years	Months	Days
1900	4	10	2		
Sex	Male	Color or Race	Colored	Birthplace	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single Name of Wife or Husband				
Father's Name	Edward Crawford				
Mother's Maiden Name	Mary Ida Wood				
Name of person giving Information	Edward Crawford				

CAUSES OF DEATH

Primary

Whooping Cough

8

How long

6 weeks

Immediate

Pneumonia

How long

2 days

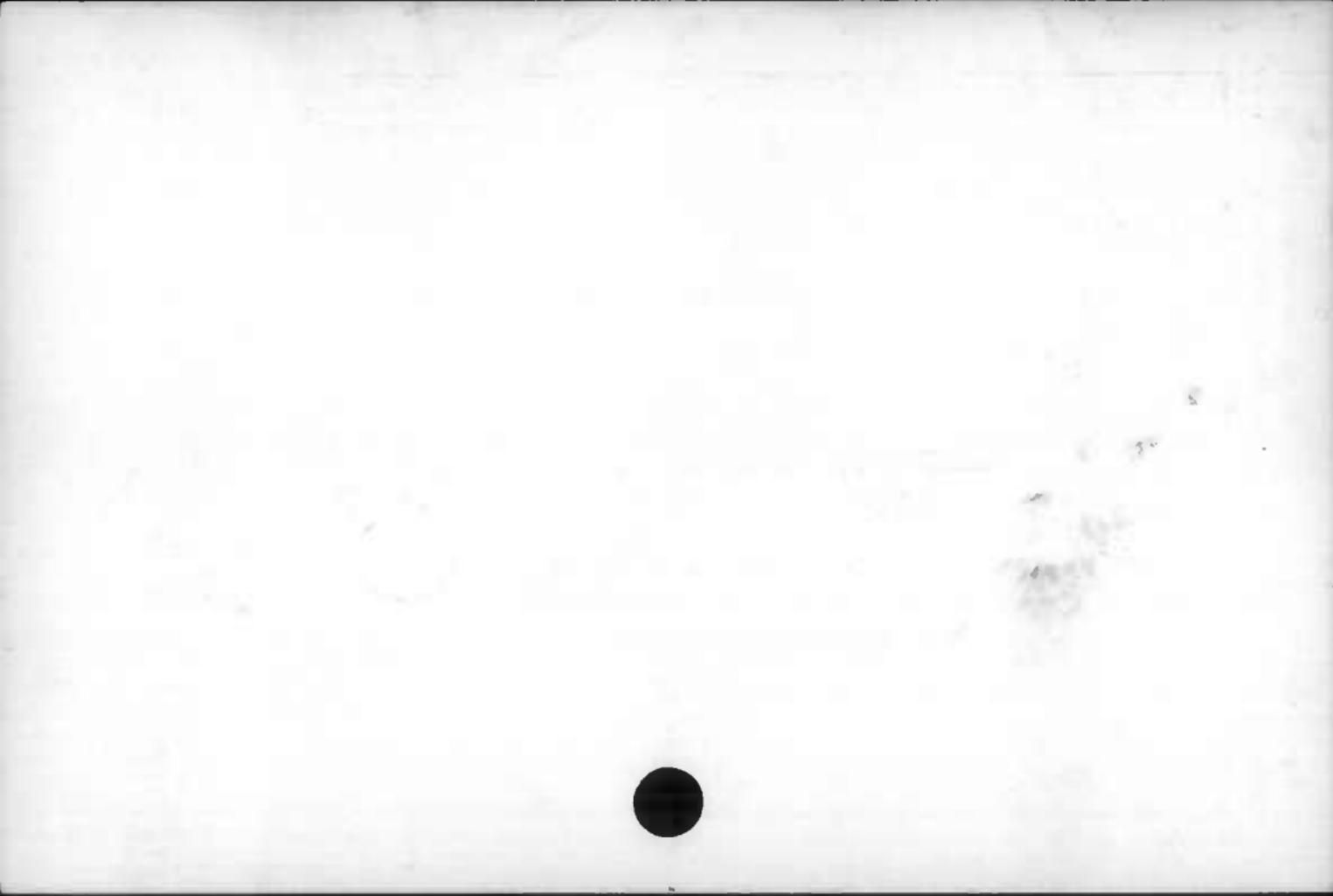
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Reverdy Bassett
up. Malboro
md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eugene D Digger

CERTIFICATE OF DEATH

Died at ^{Town} Hyattsville

County Prince George

MARYLAND

Date of death 1906 Month April Day 14 Years 25 Months — Days —

Sex male Color or Race white

Birthplace Md

Occupation Civil Engineer

Where Residing if not
at place of death

Married, Single or Widowed single Name of Wife or Husband —

Father's Name John T Diggles

Father's Birthplace Md

Mother's Maiden Name Catherine Matched

Mother's Birthplace Md

Name of person giving Information Thomas M Heale

How related to deceased Cousin

CAUSES OF DEATH

Primary Struck by express train
on B & O R R

How long 165

Immediate Head crushed & body injured

How long 175

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Augustas H Dahler
Acting Coroner
Bladensburg Md

Accident or Suicide

Accident

25.0000

25.00

25.00

15.00

2

12

12

15.00

20.00

20

25.00

25

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Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Elizabeth Fleet

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	P.G.	County		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Ind
Occupation	Housewife			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Lewis Fleet	Father's Birthplace	Ind
Father's Name	Thomas Ford			Mother's Birthplace	Ind
Mother's Maiden Name	Harriet Cogbert			How related to deceased	Husband
Name of person giving Information	Lewis Fleet				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Dilatation of heart

How long

about
2 months

Immediate

Don't know dad not seen her

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W.H. Gibbons

Crown Ind

Accident or Suicide?



Name
in
Full

Roland Fowler

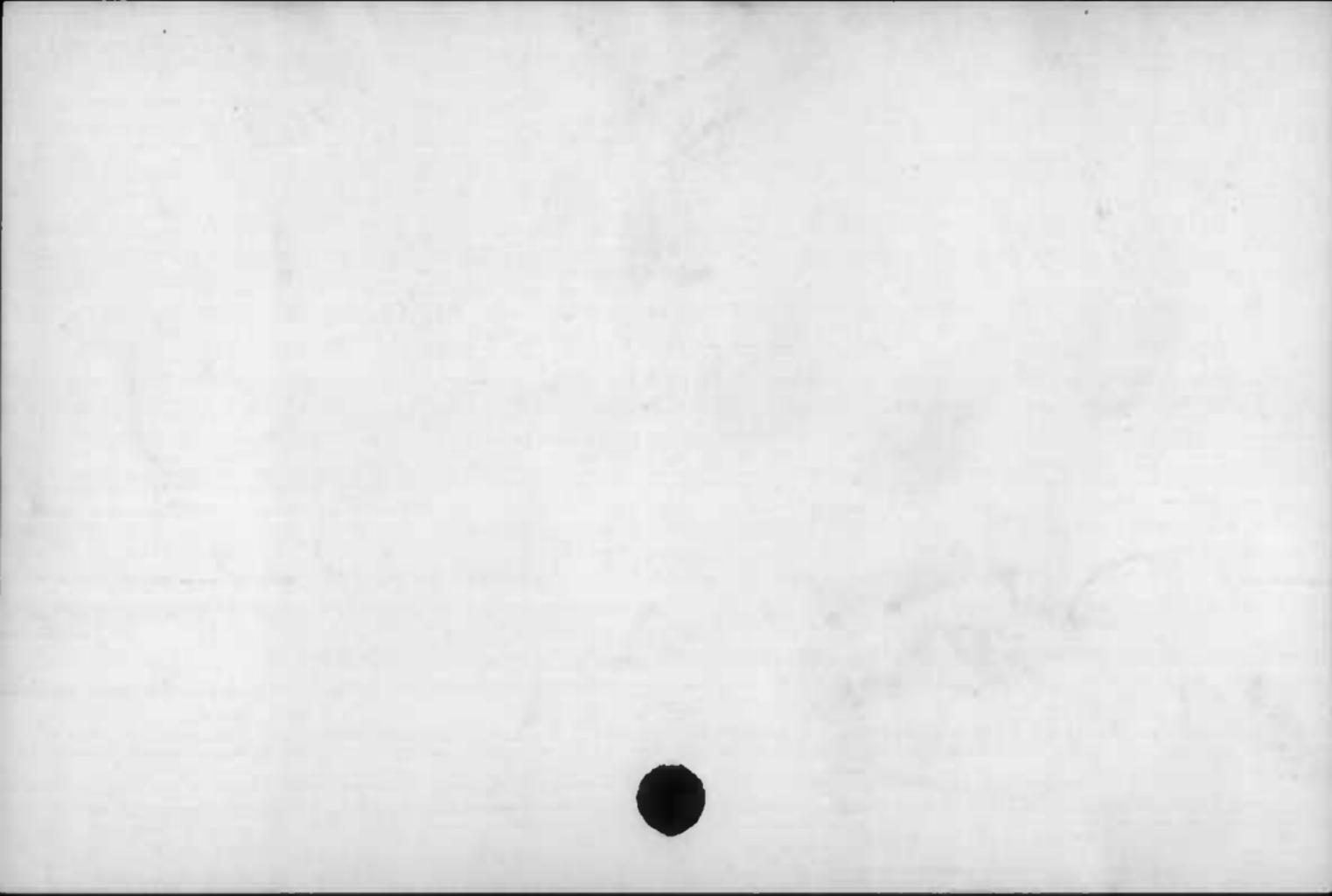
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles Fowler			Father's Birthplace	Mid.
Mother's Maiden Name	Emma Green			Mother's Birthplace	Mid.
Name of person giving Information	Harry Green			How related to deceased	Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	How long	9 days
	Immediate	asthma	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Sausberg	
		Address	Forestville Md	
Accident or Suicide?			None	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Charles Garrett

No 11
CERTIFICATE OF DEATH

MARYLAND

Died at Mitchellville Town D.C. County
Date of death 1900 Month Day 10 25. Years Months Days
Sex Male Age 28 — —
Occupation Clark Color or Race White Birth-place Baltw. Co. Ind.
Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Charles G. Garrett

Father's Birthplace Baltw. Co. Ind.

Mother's Maiden Name Mary Smith

Mother's Birthplace Baltw. Ct. Ind.

Name of person giving Information Caroline Garrett

How related to deceased Sister

CAUSES OF DEATH

Primary Pneumonia Pulmonalis

How long Several Years

Immediate Cardiac Arhythmia

How long Half Hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

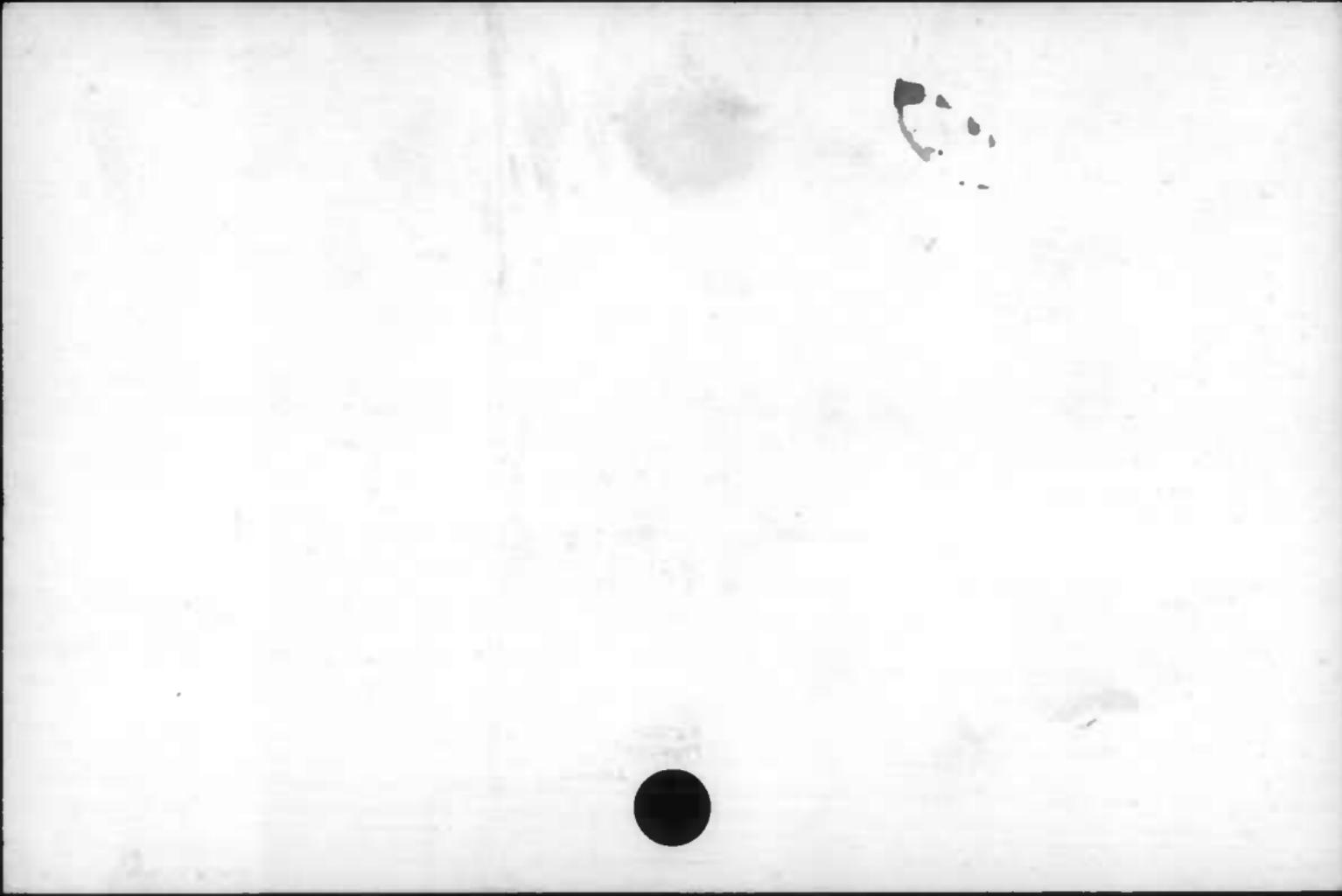
Accident or Suicide

Mr.

PHYSICIAN
OR CORONER

John Dwyall M.D.
Springfield

Ind.



Name
in
Full

James F Gittings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Browns

Town

County

P.G.

MARYLAND

Date

of death

1910

Month

4

Day

21

Years

31

Age

Months

Days

Sex

male

Color or
Race

white -

Birth-
place

Washington D.C.

Occupation

Clerk

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Robert Bury Gittings

Father's
Birthplace

unknown

Mother's
Maiden Name

Mary. Forest.

Mother's
Birthplace

unknown

Name of person giving
Information

Harry Brown

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Pleuritic Effusion &
^{Double pneumonia}

How long

10 days

Immediate

Asthma

How long

24 hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

YES

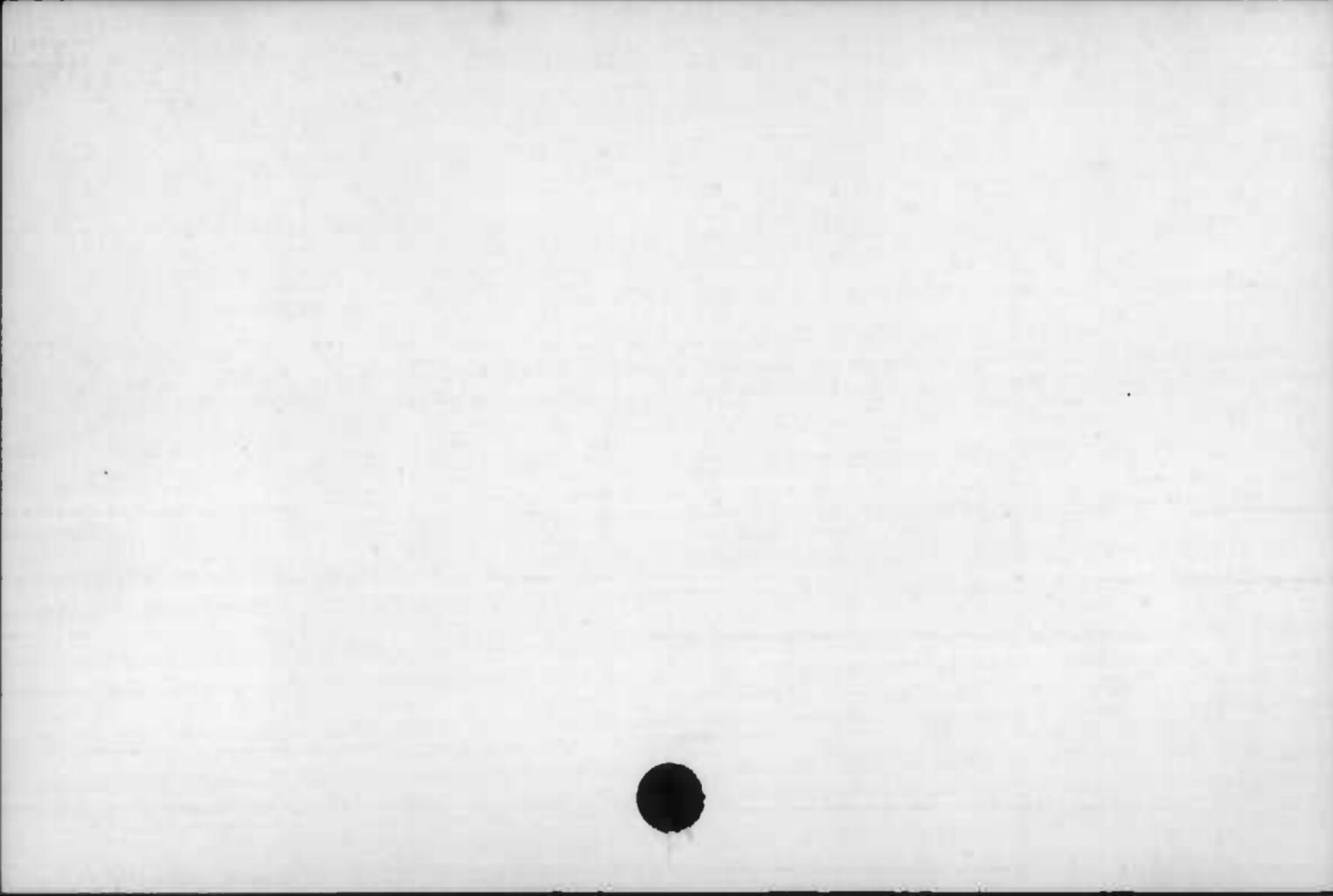
Signature of
Physician

Squiresbury & Spencer
Forestville
Md

Address

Accident or Suicide?

neither



Name
in
Full

Rachael Griffith

CERTIFICATE OF DEATH

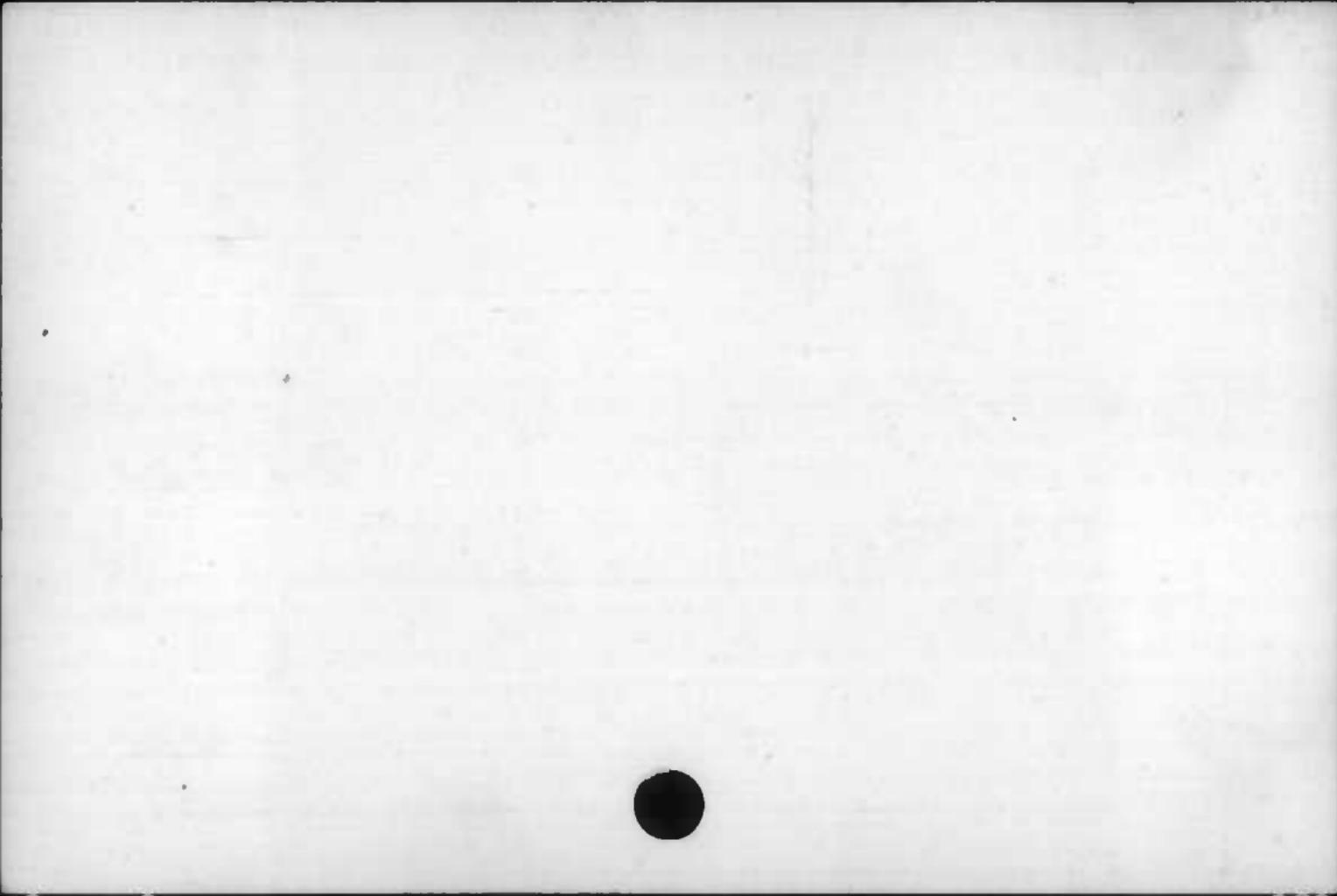
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Prince George's County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Don't know		Father's Birthplace	Don't know	
Mother's Maiden Name	Rebecca Brobson		Mother's Birthplace	Maryland	
Name of person giving information	Robert Booth		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmities of age		How long
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	151 V
Yes		Address	5 Wyo. show.
Accident or Suicide?		No	



Name
in
Full

Wifetta Lee Harding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County			MARYLAND		
Diad at Largo -	Month	Day	Years	Month	Days	
Date of death 1960	april	24	Age 76			
Sex Female	Color or Race	white	Birth-place	Upper Marlboro		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Chas A. Harding		A. A.C. M.D.	
Father's Name	Benjamin Lee		Father's Birthplace	D.C.		
Mother's Maiden Name	E. L. Beel.		Mother's Birthplace	D.C.		
Name of person giving Information	Whelon Beel		How related to deceased	Nephew		

CAUSES OF DEATH

Primary

Valvular disease of heart

79

How long

2 yrs.

Immediate

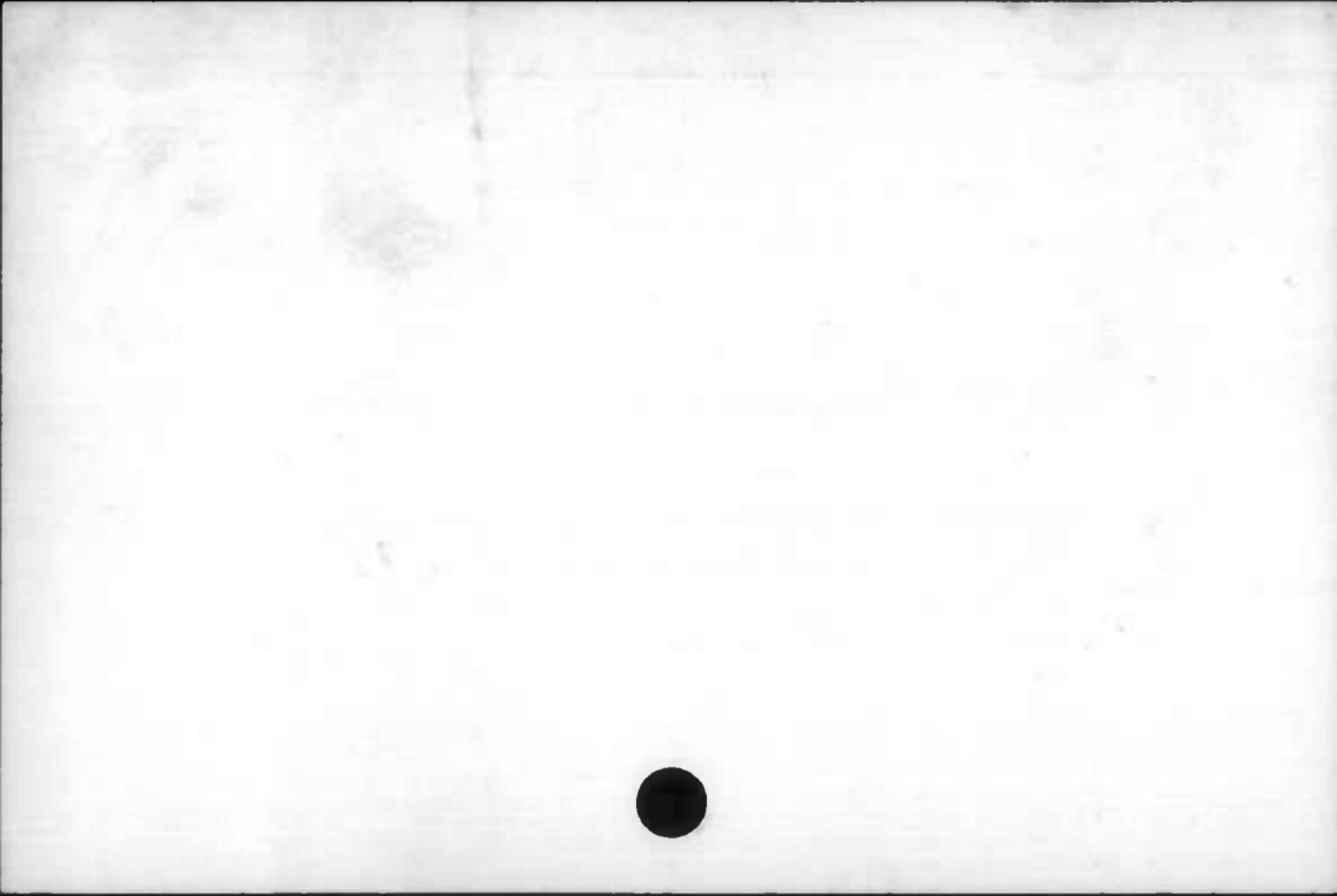
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. Griffith
Upper Marlboro
Md

Accident or Suicide



Name
in
Full

Mary Bernice Harkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Meadows	Prince Georges			
Date of death	Month	Day	Years	Months	Days
1940	4	9	4	11	
Sex	Female	Color or Race	Black	Birth-place	Meadows
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John P. Harkins				
Mother's Maiden Name	Emma Fleet				
Name of person giving information	Charles H. Harkins				
CAUSES OF DEATH					
Primary	Tuberculosis				
Immediate	5 Months				
Are the name, age, sex, color, date and place correctly given above?	Yes				

PHYSICIAN
OR CORONER

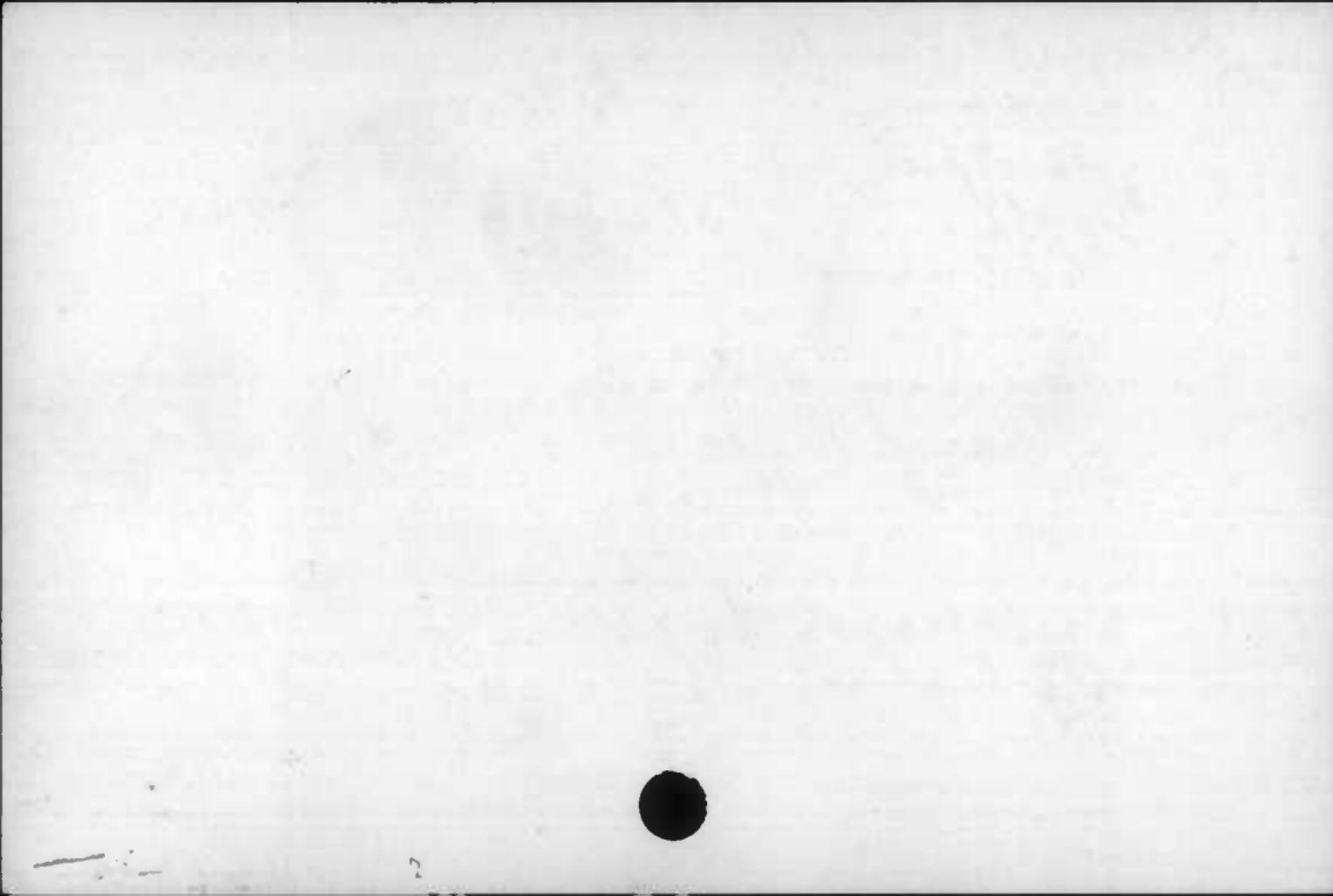
Signature of Physician

Address

J. E. Lansbury

Frostville
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Mary E. Hawkins

County

P.G.

Date
of death

Month

Day

1900 April 13

Years

Age 36

Months

Days

Sex Female

Color or
Race

Black

Birth-
place

P.G Co Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel Hawkins

Father's
Name

Clinton Hawkins

Father's
Birthplace

P.G Co. Md.

Mother's
Maiden Name

Ebun Fletcher

Mother's
Birthplace

P.G Co. Md.

Name of person giving
Information

Samuel Hawkins

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Phreny & Pneumonia

93 ✓

How long

Year day

Immediate

Diaphno & Cardiac Asthma

How long

Year day

Are the name, age, sex, color, date
and place correctly given above?

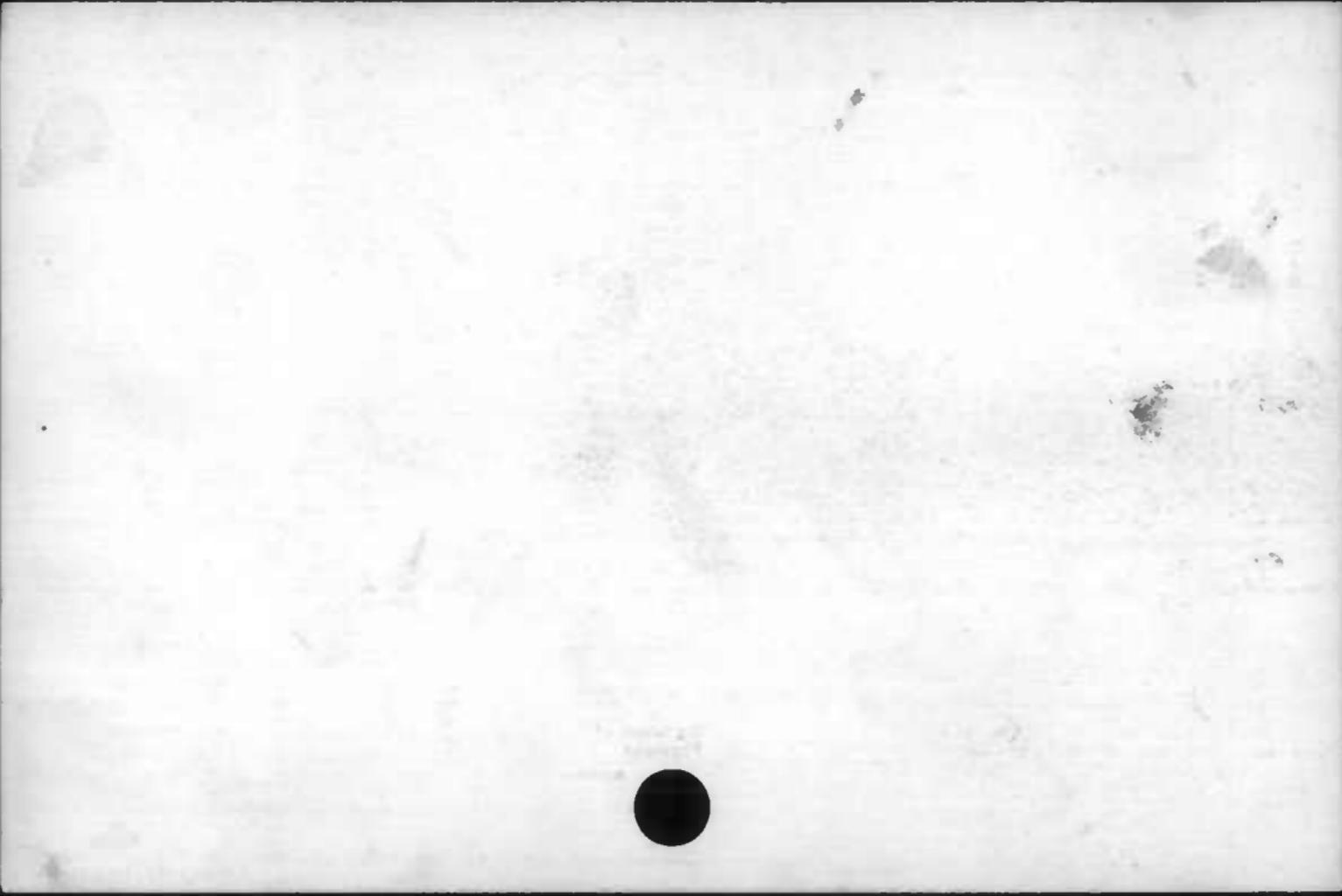
Signature of
Physician

Address

Dr. M. Osvald M.D.
Springfield

Md.

Accident or Suicide



Name
in
Full

Lavellyn Henson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Md
Father's Name	Henry Henson			Mother's Birthplace	Md
Mother's Maiden Name	Mary Hale			How related to deceased	Sister
Name of person giving information	Ida Henson				

CAUSES OF DEATH

1

How long

4 weeks

How long

9 hours

PHYSICIAN
OR CORONER

Primary

Typhoid fever

Immediate

Intestinal Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Yrs

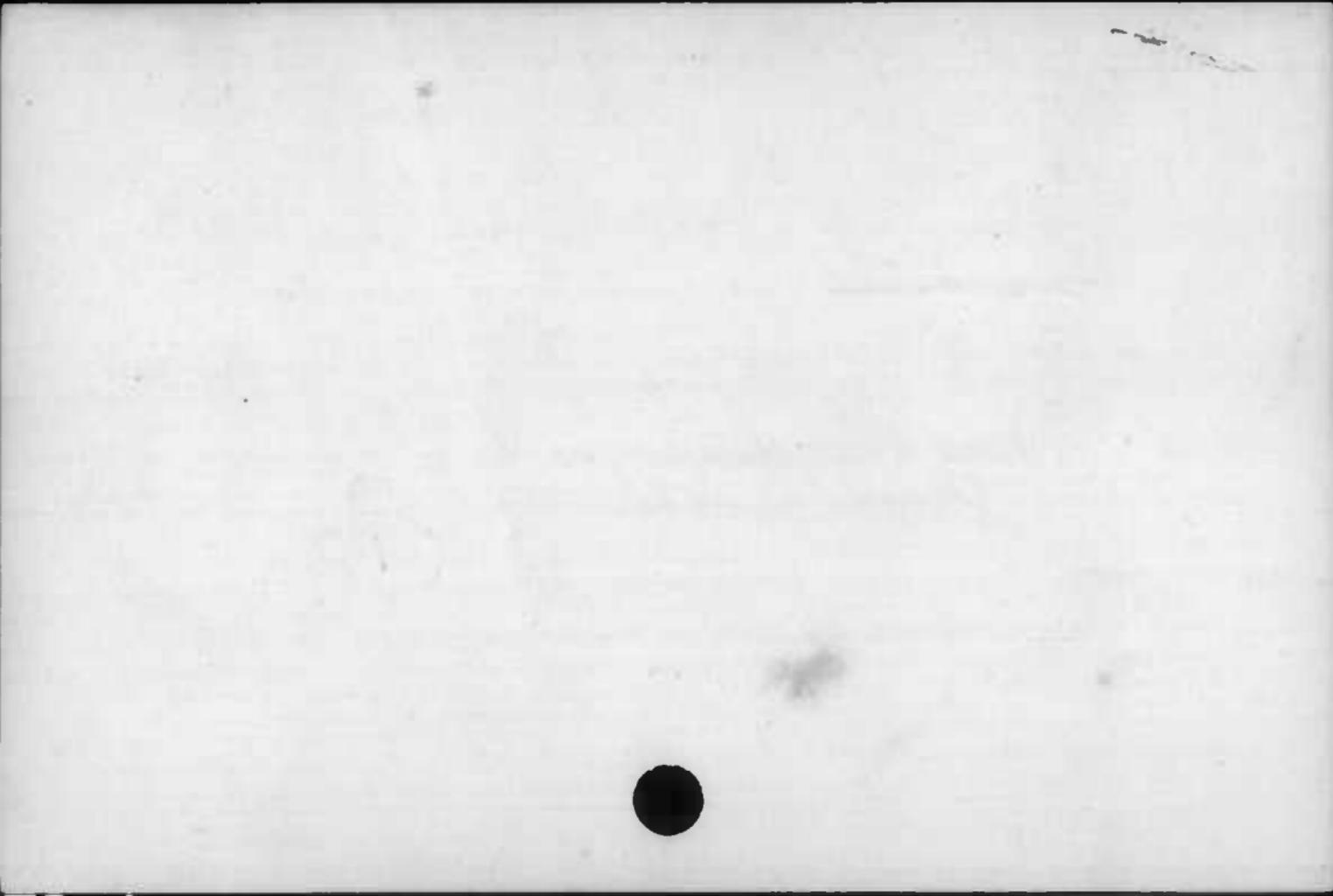
Signature of Physician

Dr. H. Gibbons

Address

Crown Md

Accident or Suicide?



Name
in
Full

Rachael Gilmour Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Months Days
Sex	Color or Race	Age	Years
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	J. Nelson Herbert	
Father's Name	Eliza K. & wife		
Mother's Maiden Name	Miss Westhispool		
Name of person giving Information	Miss Laurel Druffel		

CAUSES OF DEATH

Primary

General Debility

66

How long

v

2 months

Immediate

Paralysis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

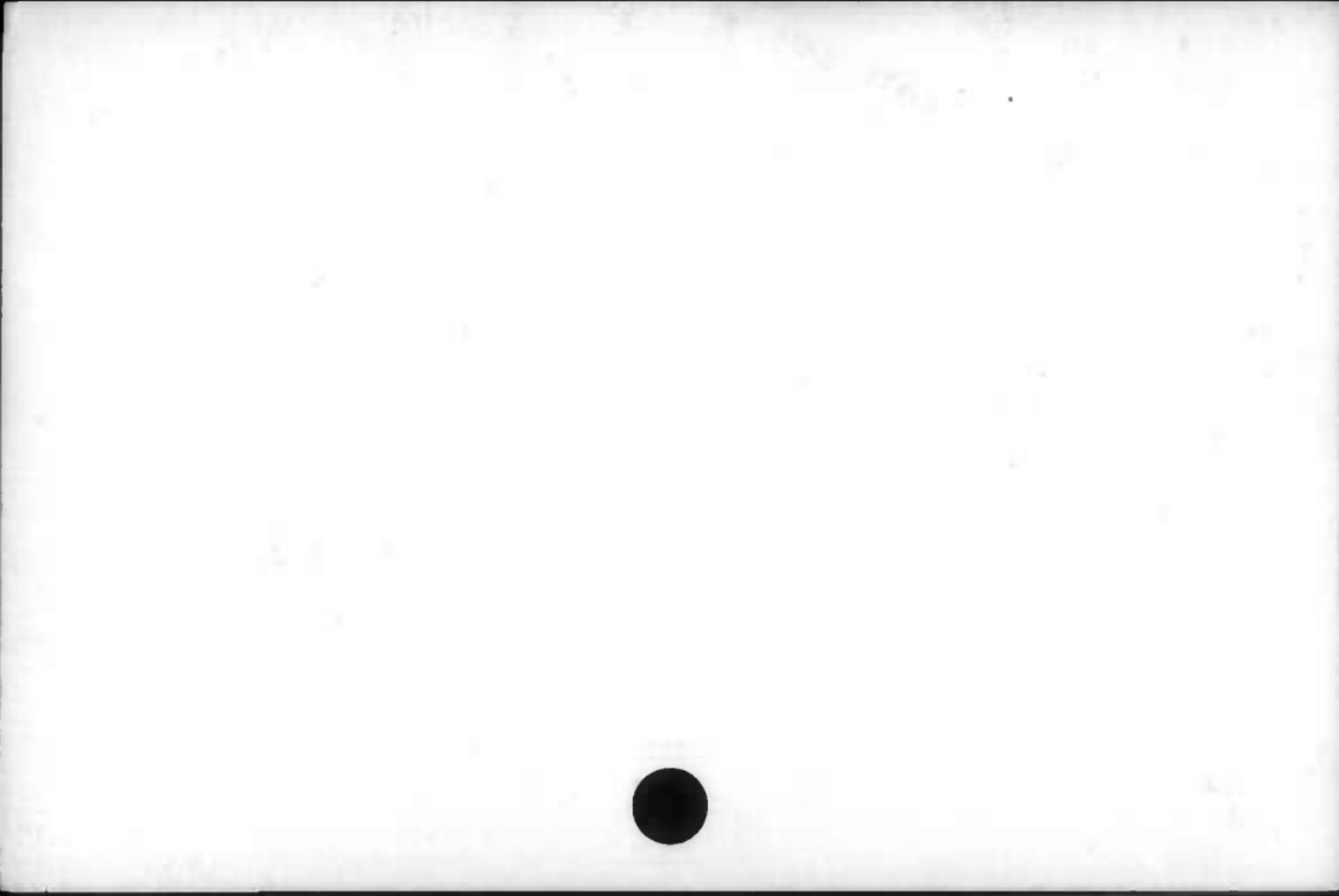
Yes.

Signature of Physician

Address

Dorothy
Laurel

Accident or Suicide



Name
in
Full

Wm. Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	New Glaz	County	Prince Geo.	MARYLAND
Date of death 19	Month Apr.	Day 17	Years Age 45	Months — Days —
Sex Male	Color or Race Black	Birth-place Maryland		
Occupation Farmer	Where Residing if not at place of death New Glaz Md			
Married, Single or Widower	Name of Wife or Husband Christopheria Hicks			
Father's Name John Hicks	Father's Birthplace Md			
Mother's Maiden Name Unknown	Mother's Birthplace Md			
Name of person giving Information Thomas Terson	How related to deceased no kin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis
Asthma

How long

103

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

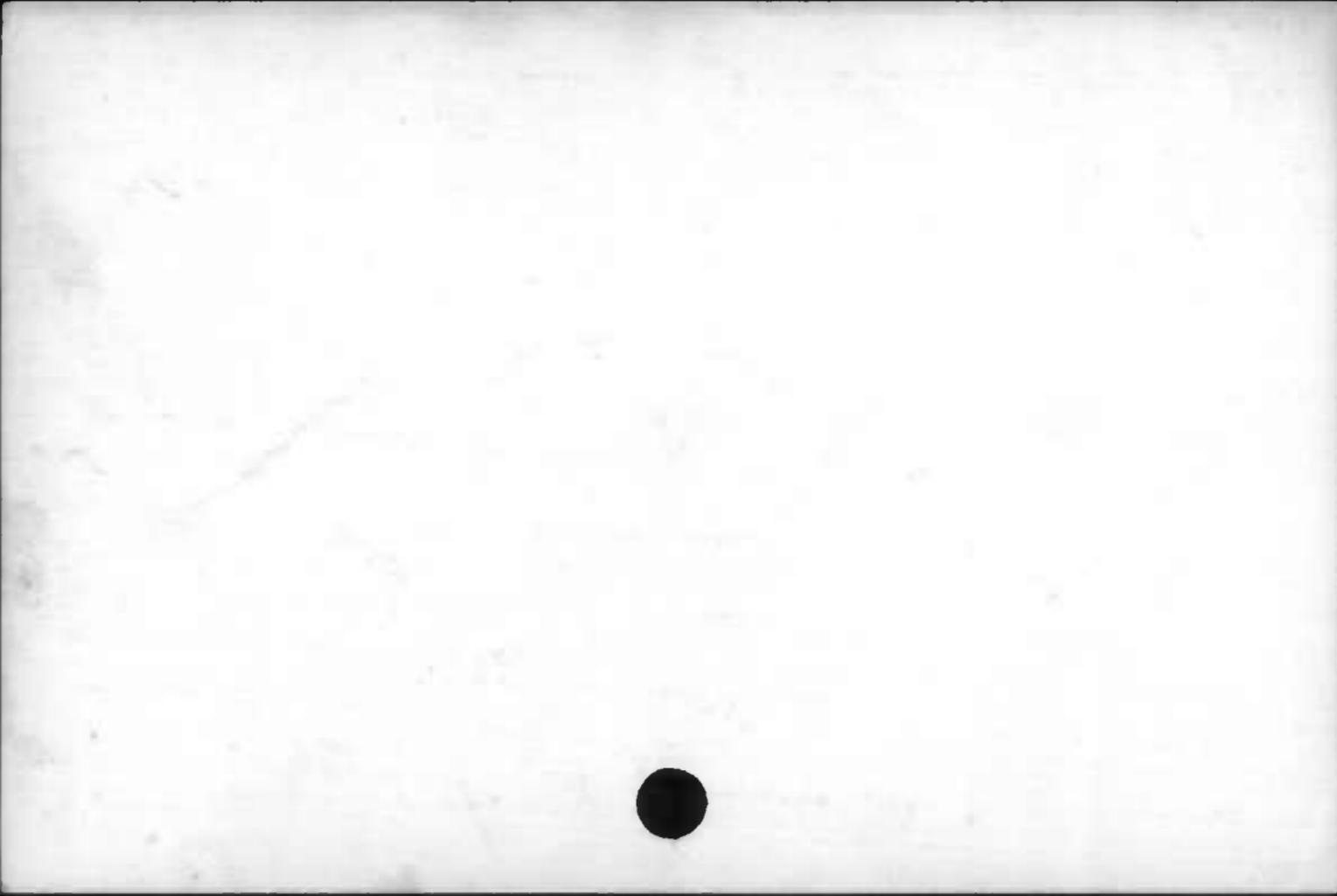
Address

3 months

2 weeks

J.M. Parker M.D.
Congress Heights, D.C.

Accident or Suicide



Name
in
Full

Adolph Hofmann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Beverly		County	MARYLAND		
Date of death	Month	Day	Years	Month	Days	
1910	Apr	8	—	1	3	
Sex	Male	Color or Race	white	Birth-place	Beverly Md	
Occupation	—	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband			—	
Father's Name	Ferdinand Hofmann			Father's Birthplace	N.Y. City	
Mother's Maiden Name	Annie Schaefer			Mother's Birthplace	Jersey City	
Name of person giving Information	F. Hofmann			How related to deceased	Father	

CAUSES OF DEATH

78

How long

9 days

How long

12 hours

PHYSICIAN
OR CORONER

Primary

Nephritis, Cutaneous Dropsy

Immediata

Acute Endocarditis

Are the name, age, sex, color, date and place correctly given above?

yes

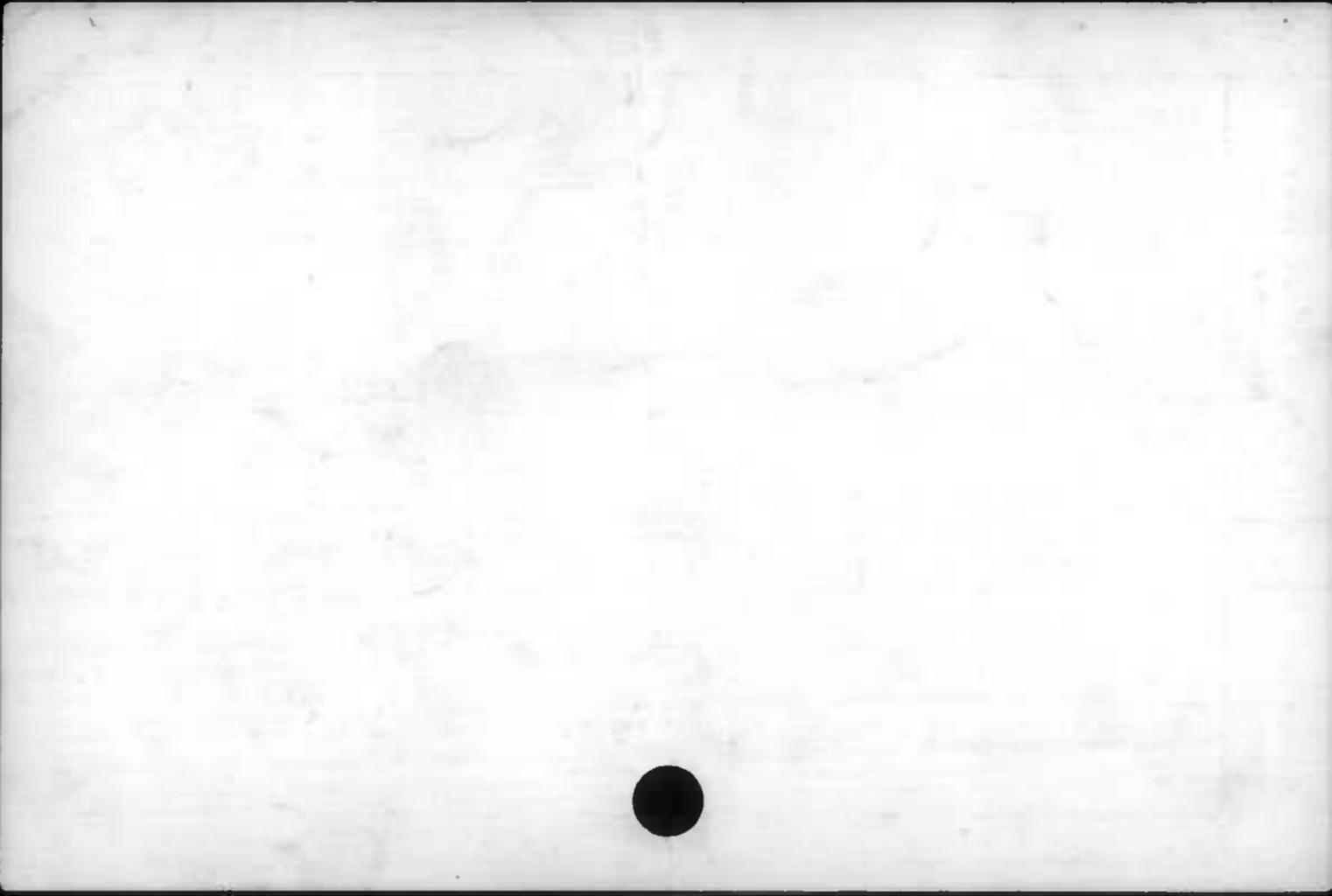
Signature of Physician

Address

A. Etienne

Beverly Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Edward Jones

Town
Chettuckham

County
P.G.

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days
Date of death	1910	April	4	Age	16
Sex	Male	Color or Race	Black	Birth-place	Don't know
Occupation	Broom maker				
Married, Single or Widowed	Single	Where Residing if not at place of death			
Father's Name	Edward Jones			Father's Birthplace	Don't know
Mother's Maiden Name	Don't know			Mother's Birthplace	" "
Name of person giving Information	John B Pyle			How related to deceased	None

CAUSES OF DEATH

28 i

How long

2 years

Primary

Pulmonary Tuberculosis
as Thence

Immediate

Are the name, age, sex, color, date and place correctly given above?

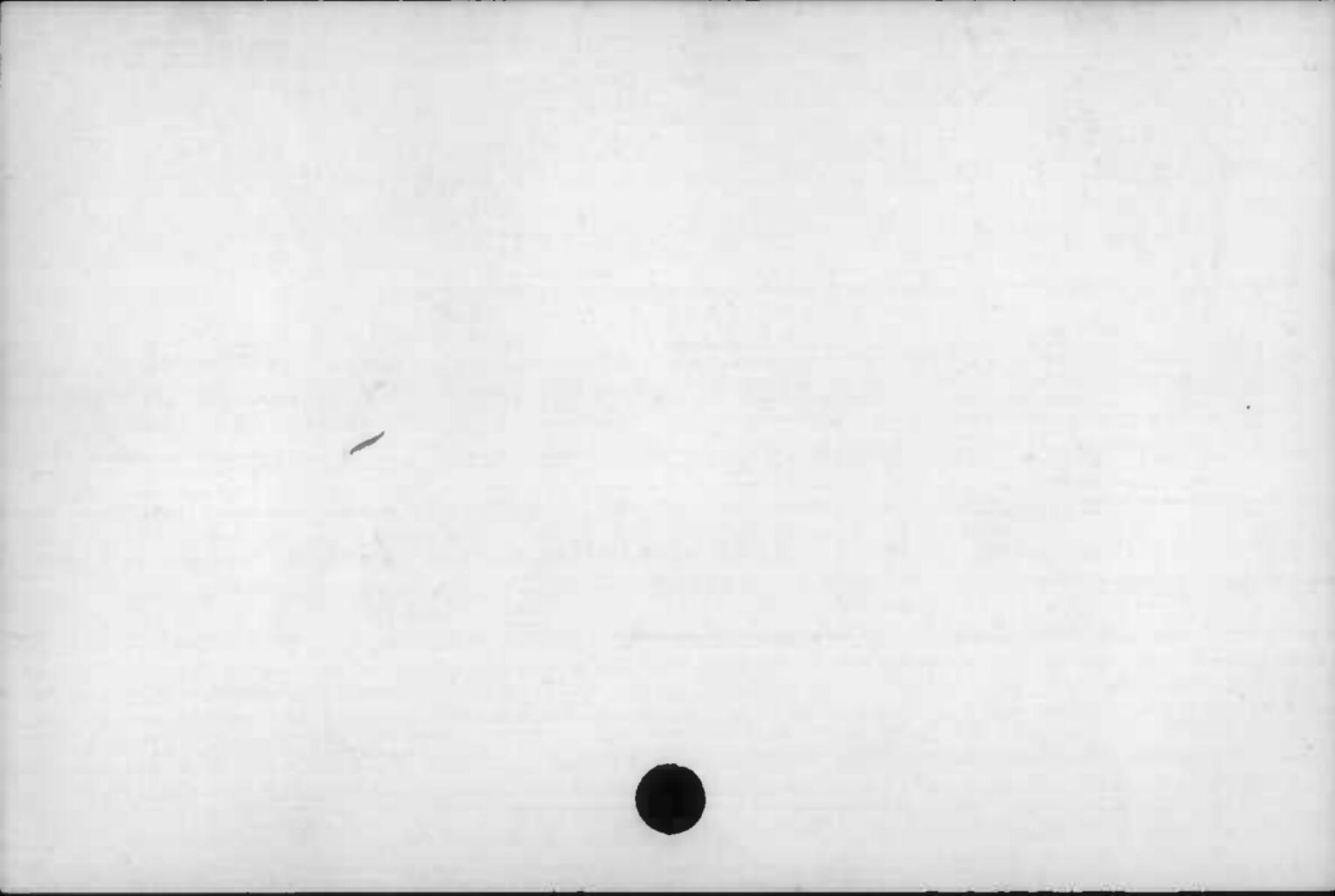
Signature of Physician

Address

ed H. Gibbons

Crown and

Accident or Suicide?



Name
in
Full

Sarah Robert Key

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1900		Month 4	Day 21	Years 46	Months 2 Days
Sex Female	Color or Race Colored	Birth-place Da			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Unknown	Father's Birthplace Da				
Mother's Maiden Name	Mother's Birthplace "				
Name of person giving Information	How related to deceased				

PHYSICIAN
OR CORONER

Primary

Chronic Bronchitis (28)

How long

4 mo

Immediate

CAUSES OF DEATH

Tuberculosis Pneumonia
Exhaustion

How long

Unkn.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. A. Fieldenly.
229 East 3d St. L. S.

Accident or Suicide



Name
in
Full

Sophia Lammers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bowie District Town County Prince George
Date of death 1900 Month April Day seventh Years Age seventyfive Months Days
Sex female Color or Race white Birth-place Germany
Occupation farming
Married, Single or Widowed widowed Name of Wife or Husband Anton Lammers
Father's Name Burkhardt
Mother's Maiden Name don't know
Name of person giving Information Henry Lammers

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Heart Trouble

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

Yes

79

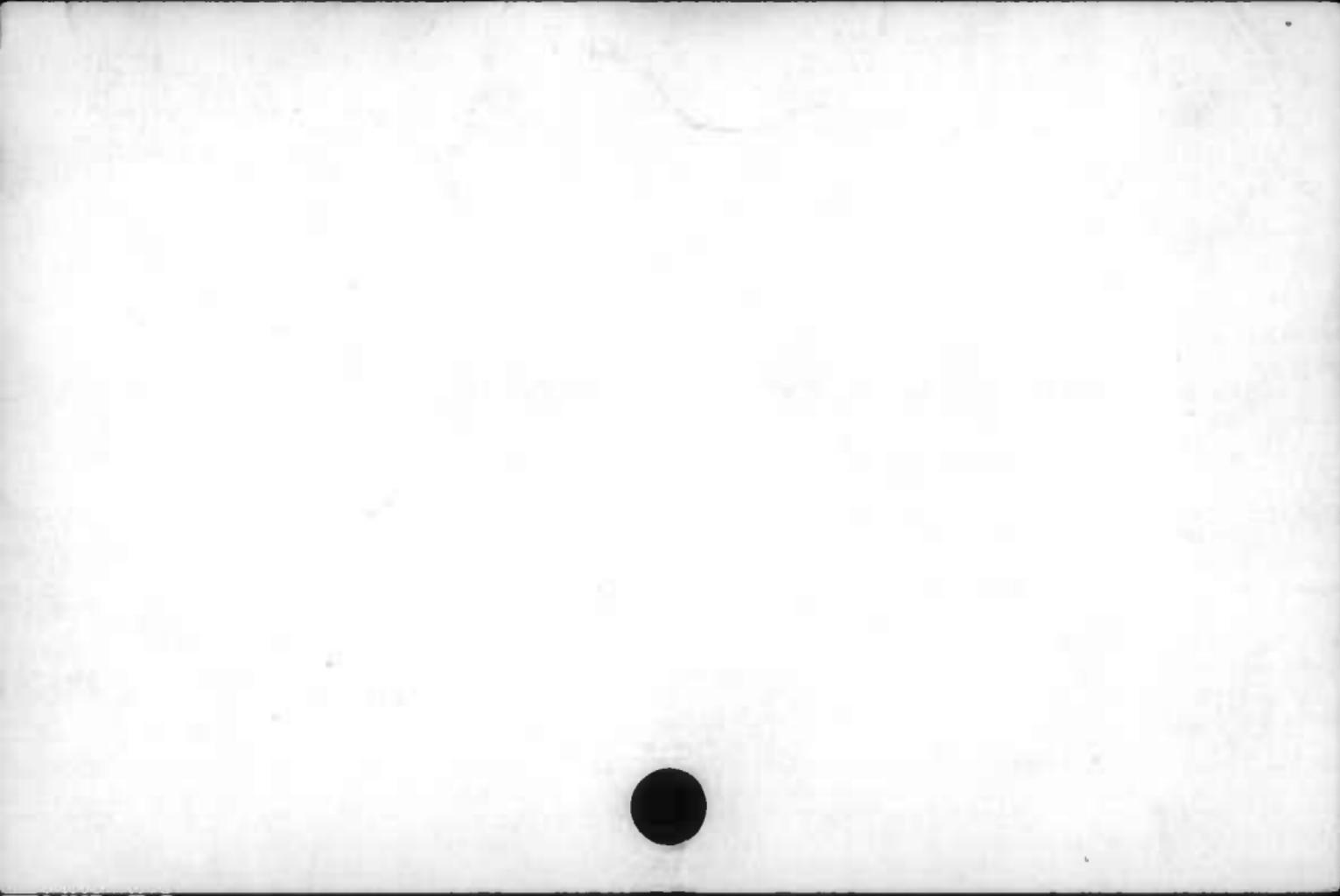
How long

About 3 years

How long

8 days

John Croninelli
Lambert St.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ann Rebecca Tatnur

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Oxon

County

R. Geis

Date
of death 196

Month

Day

Years

10

H

5

Age 70

Months

Days

6

1

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife
Husband

M. R. Tatnur

Father's
Name

John T. Rawlings

Father's
Birthplace

Md

Mother's
Maiden Name

Caroline Anderson

Mother's
Birthplace

Md

Name of person giving
Information

Gill Tatnur

How related
to deceased

Son

CAUSES OF DEATH

79

How long

Primary

Chronic Heart Disease

2 yrs.

Immediate

Exhaustive

1 week

Are the name, age, sex, color, date
and place correctly given above?

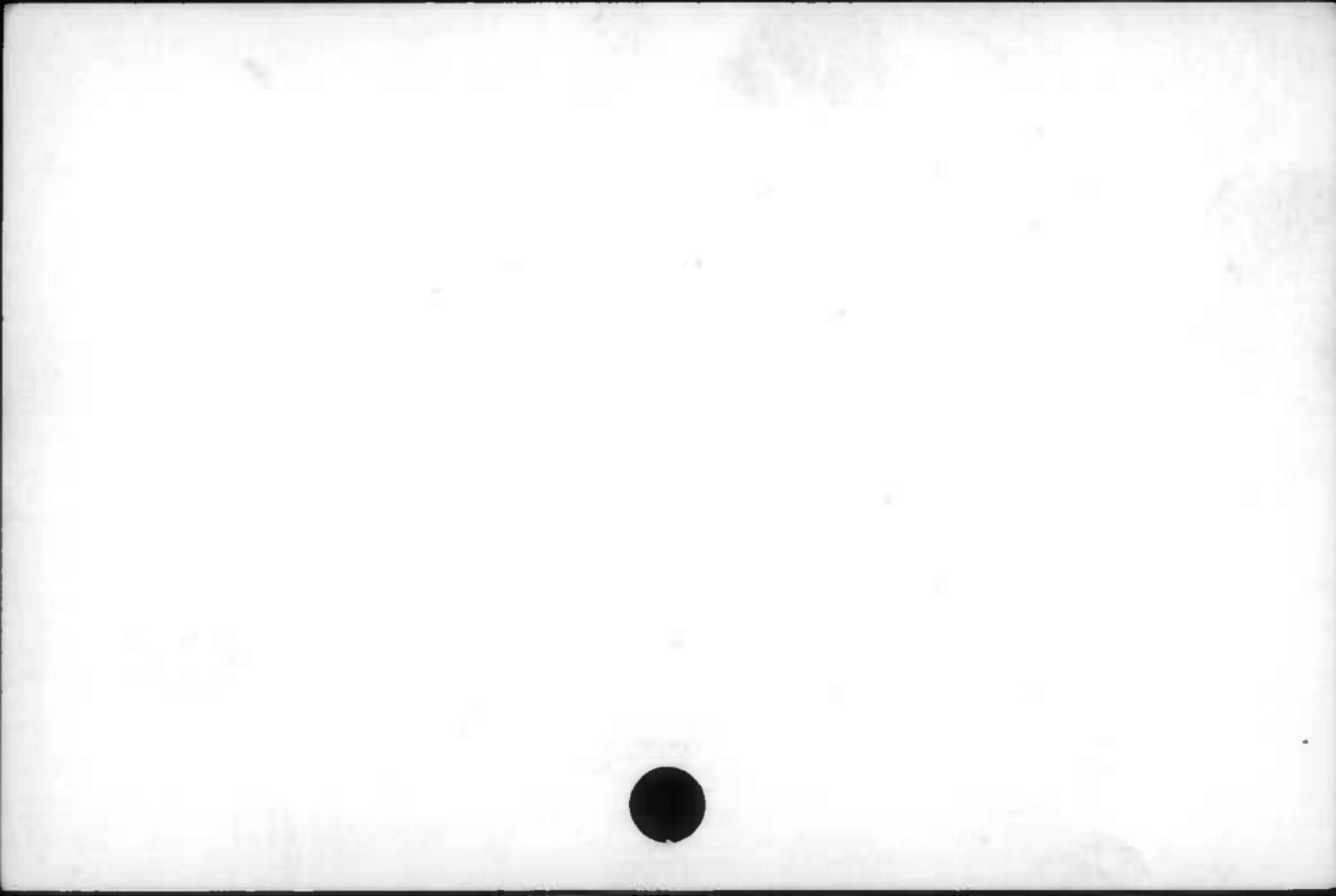
Yrs

Signature of
Physician

Address

Wm. W. Brown
Aquaasco
Md

Accident or Suicide



Name
in
Full

Mary Louesa Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Near Bowie County Potowmack
Date Month Day Year Age Months Days
of death 1900 April 6 28 11 30
Sex Female Color or Race Colored
Occupation Cook Where Residing if not
at place of death
Married, Single Name of Wife or Husband Joseph Marshall
or Widowed Married
Father's Name John Weldon Father's Birthplace P. G. Co
Mother's Maiden Name Aminta Jackson Mother's Birthplace P. G. Co
Name of person giving Information William H. Weldon How related to deceased Brother
97
How long 8 days
How long Immediate

PHYSICIAN
OR CORONER

Primary

Pneumonia
Heart failure

CAUSES OF DEATH

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

yes
no

Signature of
Physician

Address

James S. Truitt
Bowie Md



Name
in
Full

James O Milbum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Jonesboro		Town County		Name Prua George		
Date of death	Month	Day	Age	Years	Months	Days
1910	4	26	74			
Sex	Color or Race	white				
Male		Birth- place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name	Susie J. Milbum					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	Mark J. Milbum					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastroststitial Nephritis*

Immediate *Asthma*

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

120

How long

2 yrs

36 hrs.

Accident or Suicide?

Neither

John E Saussberg
Jonesboro P
Md

R

Z



Name
in
Full

Willie L Mohler

Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Date of death 1910 Month April Dey 30 Age 13 Years 3 Months Dey 3 months

Sex Female

Color or Race

white

Birth-place

Md

Occupation

school girl

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's Name

Thomas M Mohler

Father's Birthplace

Va

Mother's
Maiden Name

Willie L Lipscomb

Mother's Birthplace

Va

Name of person giving
Information

Thomas M Mohler

How related
to deceased

Father

CAUSES OF DEATH

Primary

Toxic Gastritis

103

v

Immediate

Syncope

How long

1 mo.
1 hour.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

JM Brady M.D.
Kensington
186

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nuttingham</u>		<u>Town</u>	<u>Or Geo</u>	<u>County</u>	<u>MARYLAND</u>	
Date of death	1910	Month <u>April</u>	Day <u>2</u>	Years <u>74</u>	Months	Days
Sex <u>Male</u>		Color or Race <u>Colared</u>		Birth- place <u>Va</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Lucy Taylor</u>				
Father's Name <u>Unknown</u>				Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>				Mother's Birthplace <u>Unknown</u>		
Name of person giving Information <u>D. S. Parker</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy

64

✓

10 hours

Immediate

Are the name, age, sex, color, date,
and place correctly given above?

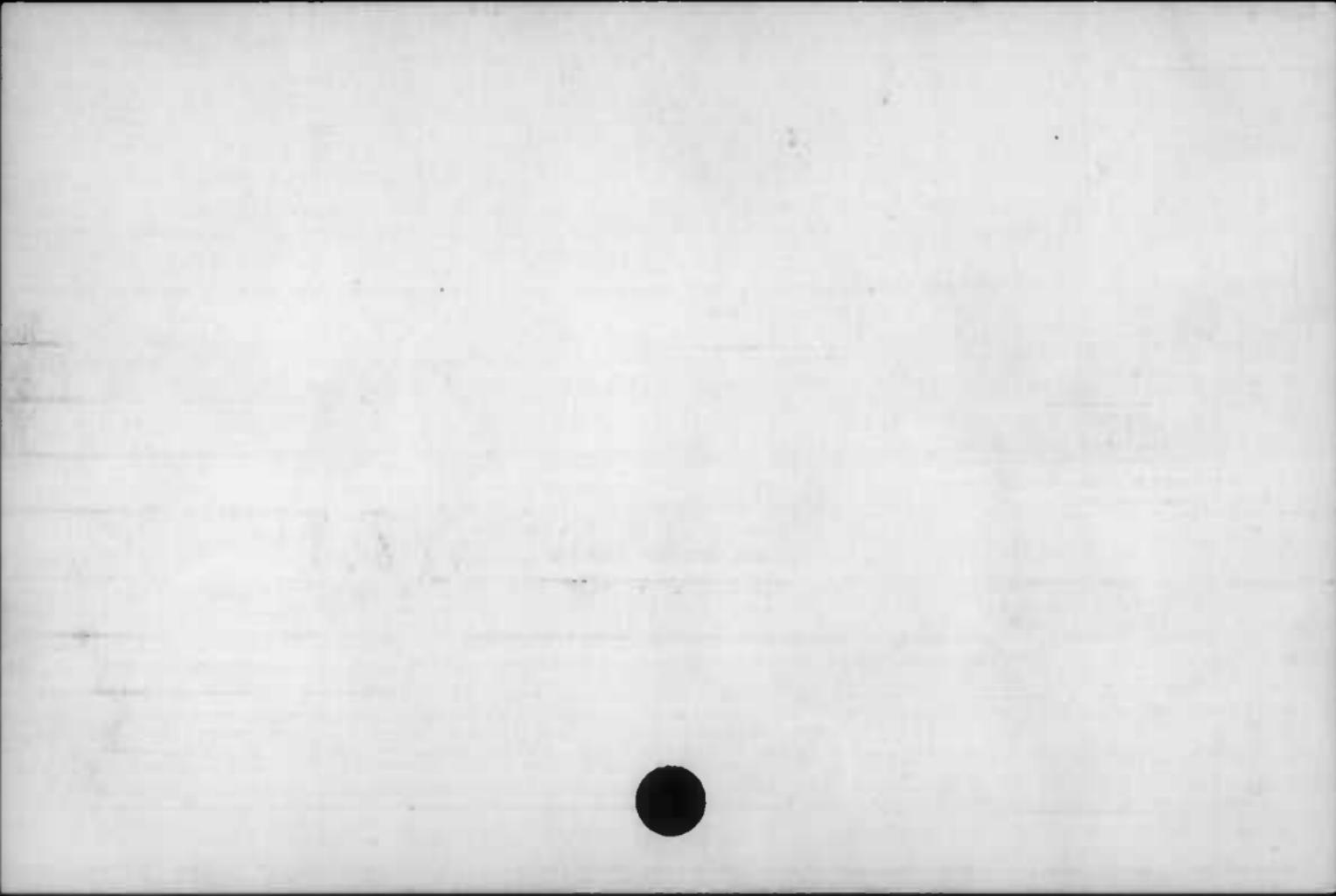
Yes

Signature of
Physician

Address

W. H. Gibbons
Crown Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Alice J. Petibone

No 12

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				

1900 April 23 — one

Female White Robrook And.

None

Single

Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace
Name of person giving Information	How related to deceased

Mark D. Petibone Belly City
Ellie C. Wells P.D. Co. Md.
Mark D. Petibone Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malnutrition
Immediate Arthritis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

151

How long

Since birth

How long

65 days

Mill Durall M.D.
Springfield Md.

193

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not Named
Town Maryland Park
Died at Month April
Date of death 1910 Day 30
Sex male Color or Race white
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Wm E Pinkerton
Mother's Maiden Name Maude E. Clay
Name of person giving Information Father.

CERTIFICATE OF DEATH

MARYLAND

Days

3

Birth-
place

md.

Father's Birthplace

Ky.

Mother's Birthplace

md

How related to deceased

CAUSES OF DEATH

Primary

asphyxia neonatorum

152

V

How long

3 days
1 hour

Immediate

syncope

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician
Address

J. M. Brady
Kensilworth, N.C.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Kathleen W. Irander

CERTIFICATE OF DEATH

MARYLAND

Died at Near W. Marlboro Town P. Geo County
Date Month Day Years Months Days
of death 1960 4 1 Age 40
Sex Female Color or Race Caucasian Birthplace Ind
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband James Irander
Father's Name Barney What Wife Father's Birthplace Ind
Mother's Maiden Name Don't know Mother's Birthplace Ind
Name of person giving information Dominick Irander How related to deceased Brownlow

CAUSES OF DEATH

Primary

Acute nephritis

119

How long

3 hrs

Immediate

Oedema

2 days

Are the name, age, sex, color, date and place correctly given above?

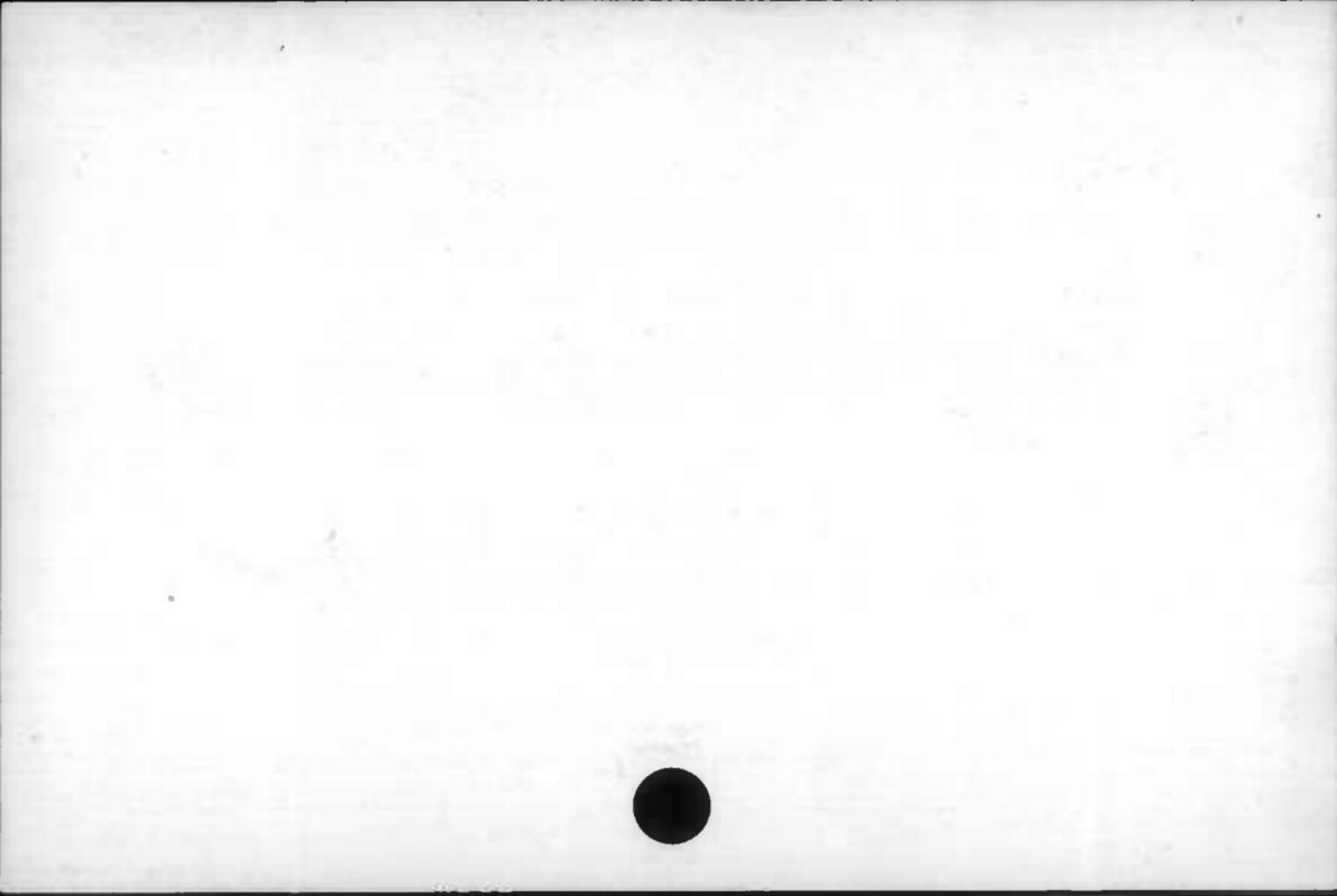
yes

Signature of Physician

Address

Rosedale, Seneca
upper Marlboro
Ind

Accident or Suicide



Name
in
Full

John Thomas Quander

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	5
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Charles Quander		
Mother's Maiden Name	Lucinda Hodge		
Name of person giving Information	Emma Jackson		
CAUSES OF DEATH			
Primary	Pneumonia (lobar)		
Immediate	Ex haemorrhage		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yea		Address	
Accident or Suicide?		4 Frank St. Adams Hospital D.C.	

99

PHYSICIAN
OR CORONER

How long

3-4 days

How long

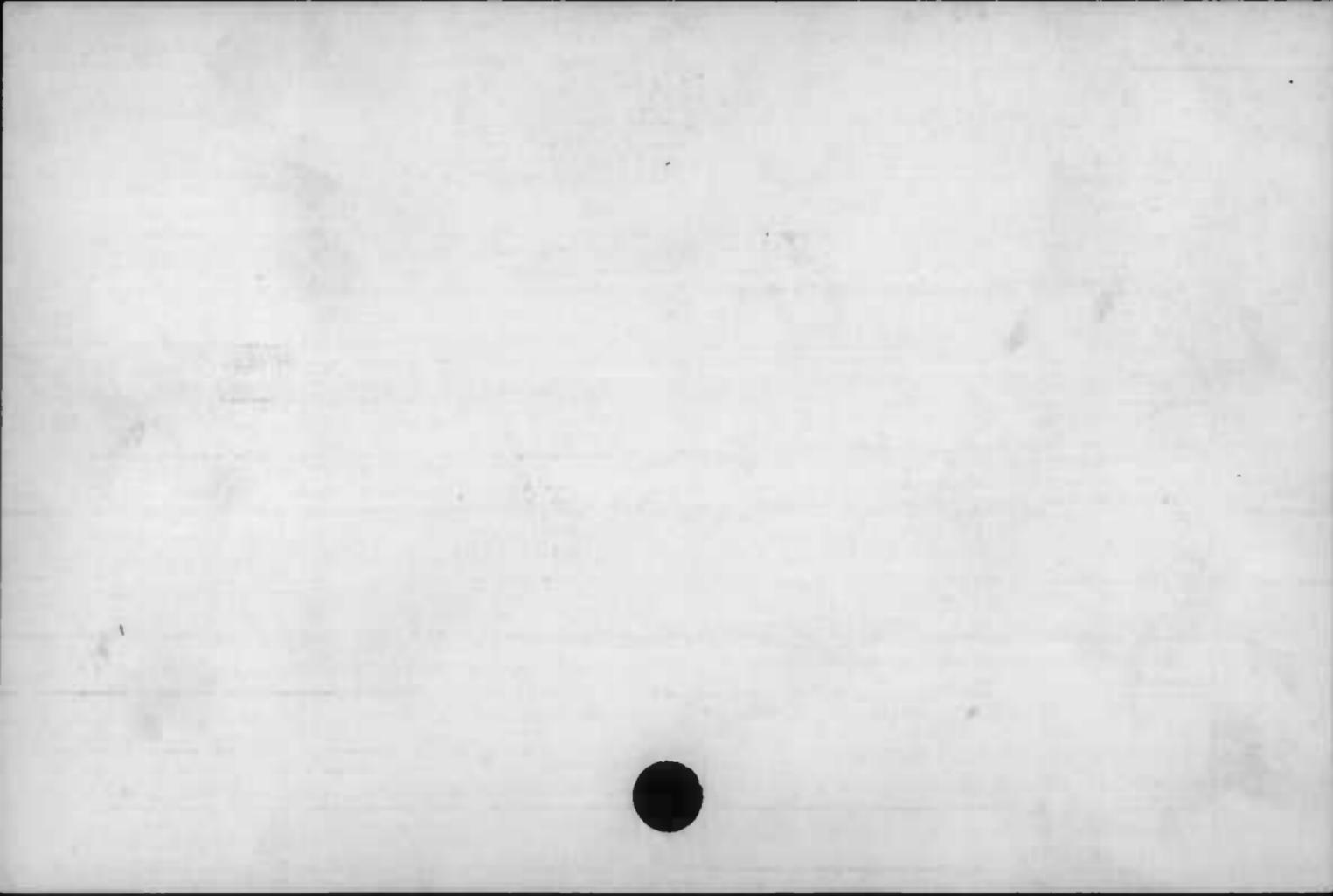
10 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Leviold M. Novakowicz,
1589 Division St. Baltimore Md.,
Franklin Adams Hospital D.C.

Accident or Suicide?



Name
in
Full

Abramus Queen.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 190	Month April	Day 28	Years unknown
Sex Male	Color or Race Colored	Birth-place unknown	
Occupation Laborer	Where Residing if not at place of death —		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name unknown	Father's Birthplace —		
Mother's Maiden Name	Mother's Birthplace —		
Name of person giving information	How related to deceased Employee		

CAUSES OF DEATH

119

How long

How long

Primary

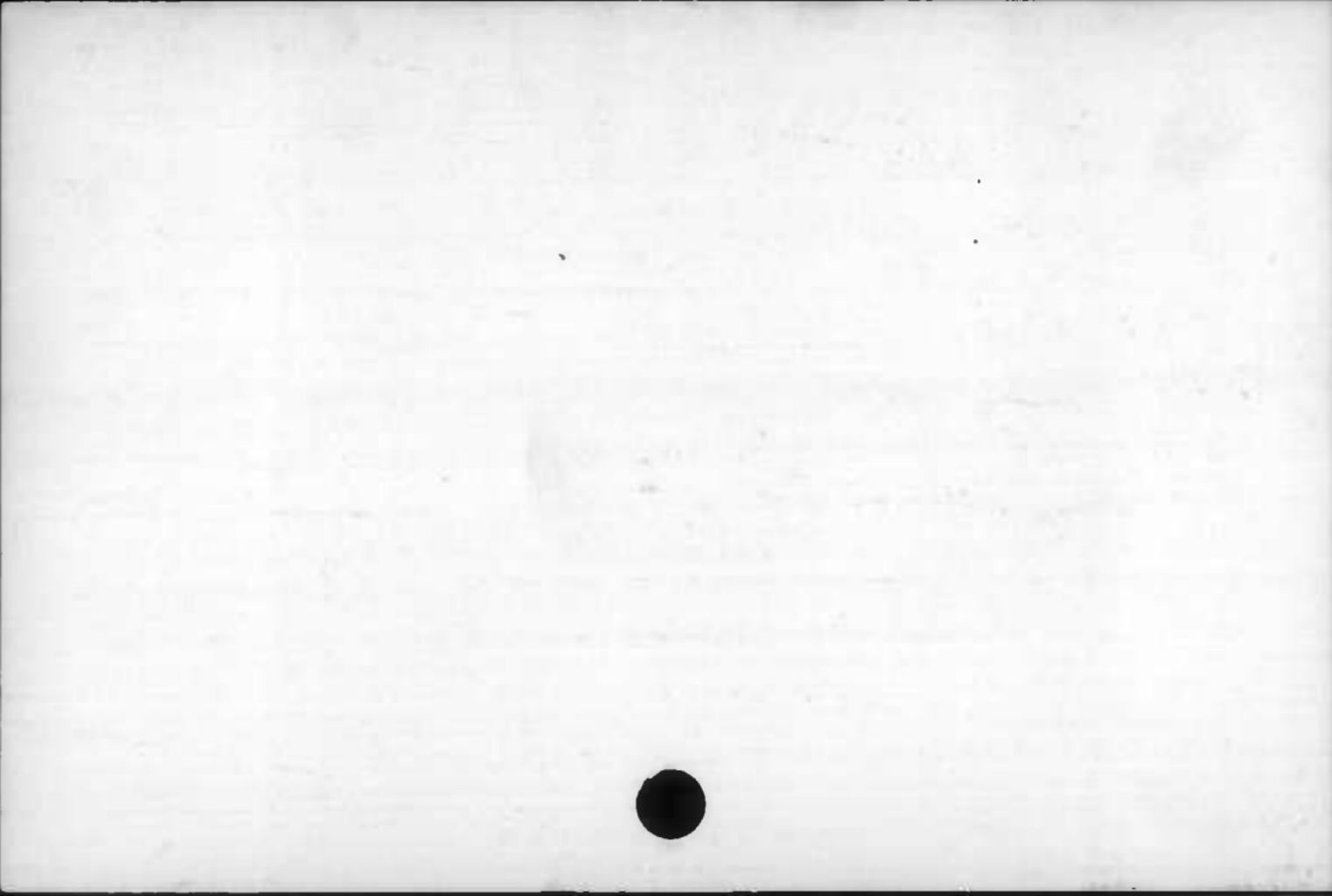
Immediate

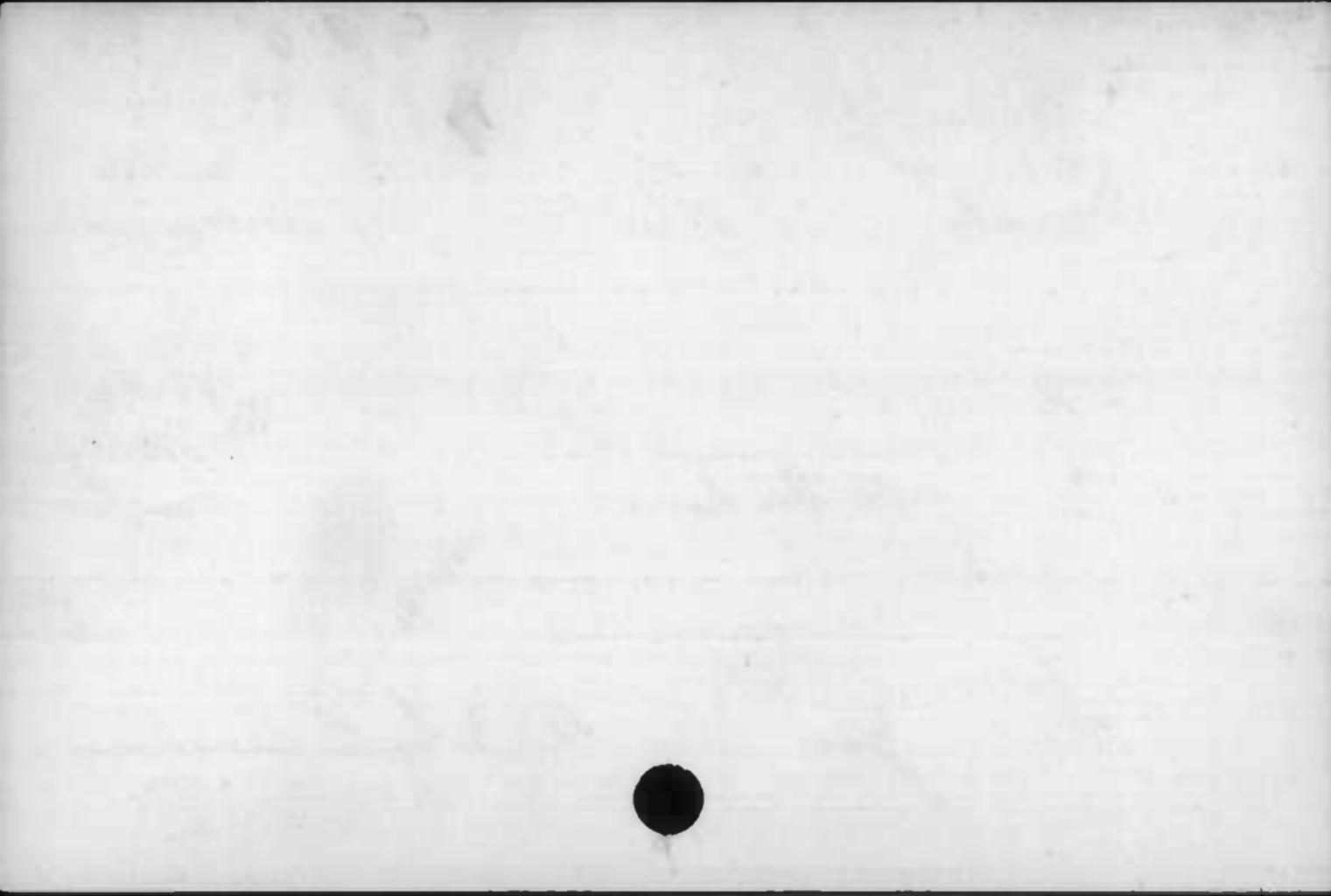
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name
in
Full

Mary Joe Seaborn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Mellwood		County Prince George		MARYLAND	
Date of death 1960	Month 4	Day 6	Age	Years	Months
Sex Female	Color or Race	White		Birth- place	Mellwood
Occupation —	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name J H Seaborn	Father's Birthplace Md				
Mother's Maiden Name Bessie Howler	Mother's Birthplace Md				
Name of person giving Information J H Seaborn	How related to deceased Father				

CAUSES OF DEATH

151

V

How long

from birth

How long

Primary

Immediate

Premature birth

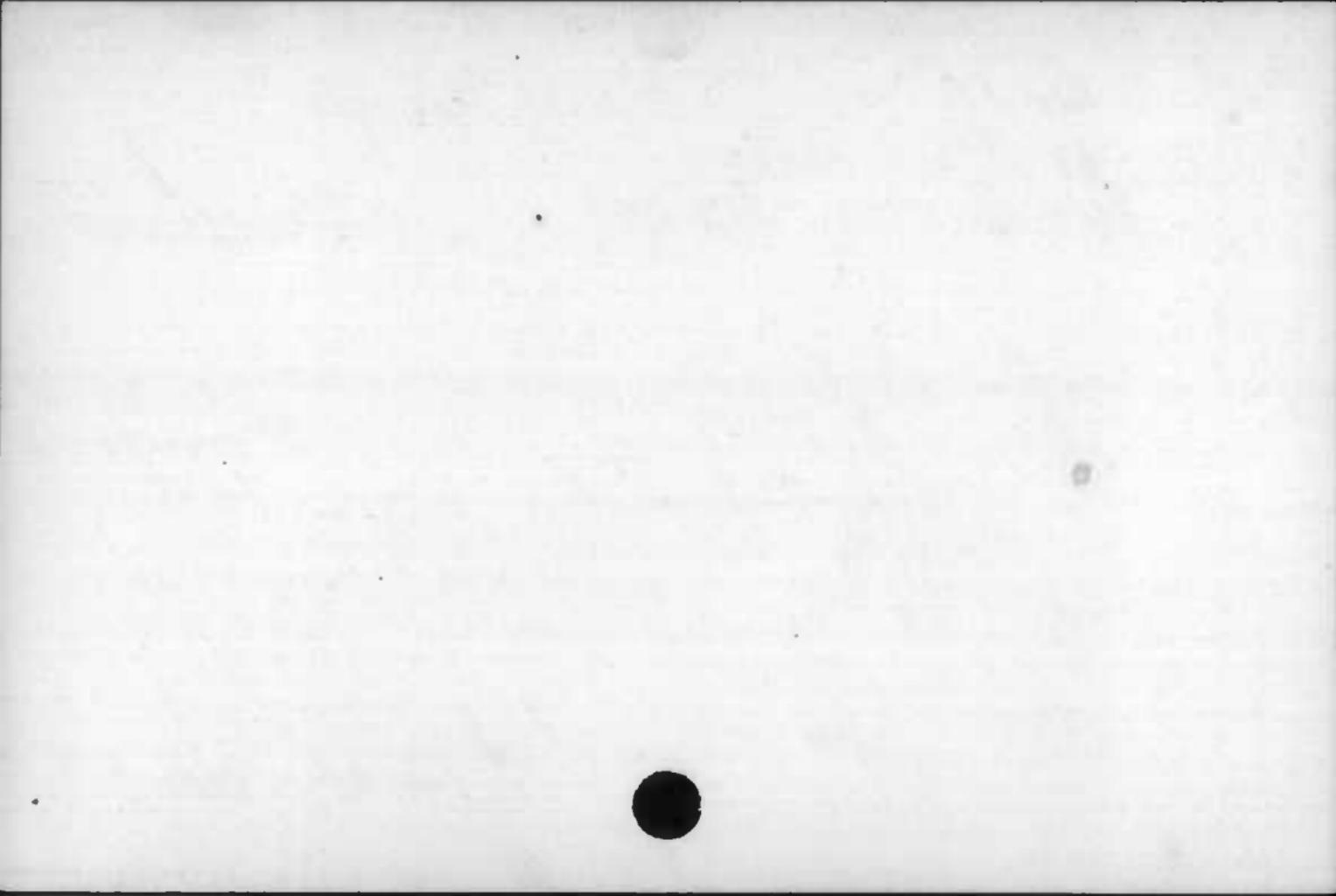
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr John E. Sansbury
Forestville
Md

Accident or Suicide?



Name
in
Full

William R. Smith

CERTIFICATE OF DEATH

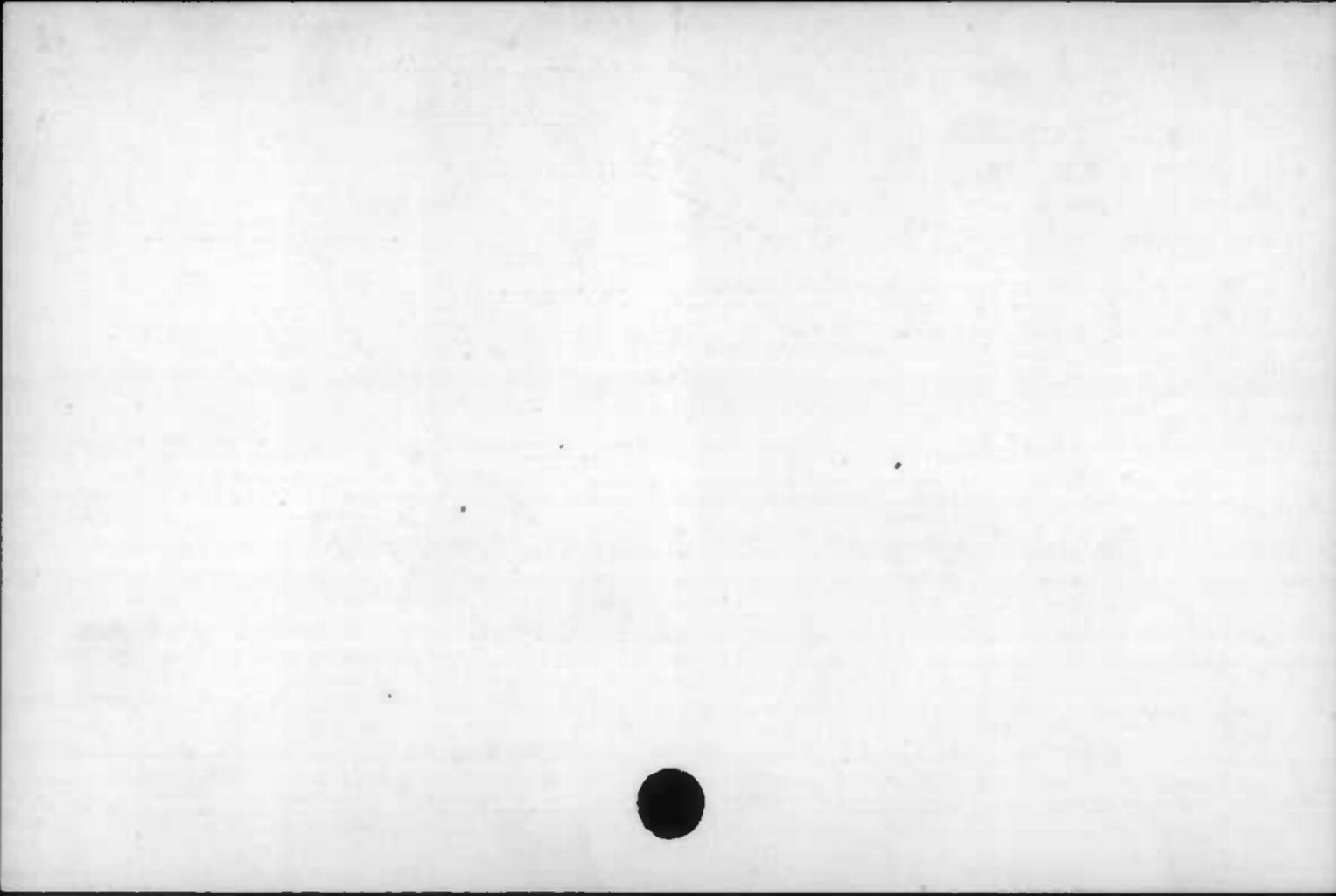
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John H. Smith	Father's Birthplace	Maryland
Mother's Maiden Name	Edna E. Nothery	Mother's Birthplace	Maryland
Name of person giving information	John H. Smith	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Icterus Neonatorum	151
Immediate	Exhaustion	2 days
Are the name, age, sex, color, date and place correctly given above?		How long
Yes.		1 day
Signature of Physician		Address
H. J. Hinkel.		Hall, Md.
Address		
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John E. Tucker.

CERTIFICATE OF DEATH

Died at	Town	Resco, County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	65.			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Henida Tucker.			
Father's Name	Nathan Tucker			Father's Birthplace	Md.	
Mother's Maiden Name	Unknown			Mother's Birthplace	Md.	
Name of person giving Information	Oliver Tucker.			How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Trouble

79

✓

immediate

Pulmonary Engorgement

How long

2 wks.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

John E. Sastry 116

Sesbills.

Accident or Suicide?

Neither

Md.

Scot Armstrong
Forester

Name
in
Full

Mary Waggoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Tamore

Town

County

Baltimore

Date
of death

1908 April

Month

Day

Years

Month

Days

4

Age

Sixty One

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Geo Wm Waggoner

Father's
Birthplace

Md

Mother's
Maiden Name

Emma Imogene Collins

Mother's
Birthplace

Ma

Name of person giving
Information

Geo Wm Waggoner

How related
to deceased

Father

CAUSES OF DEATH

Primary

Anesthesia development

⑧

V

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

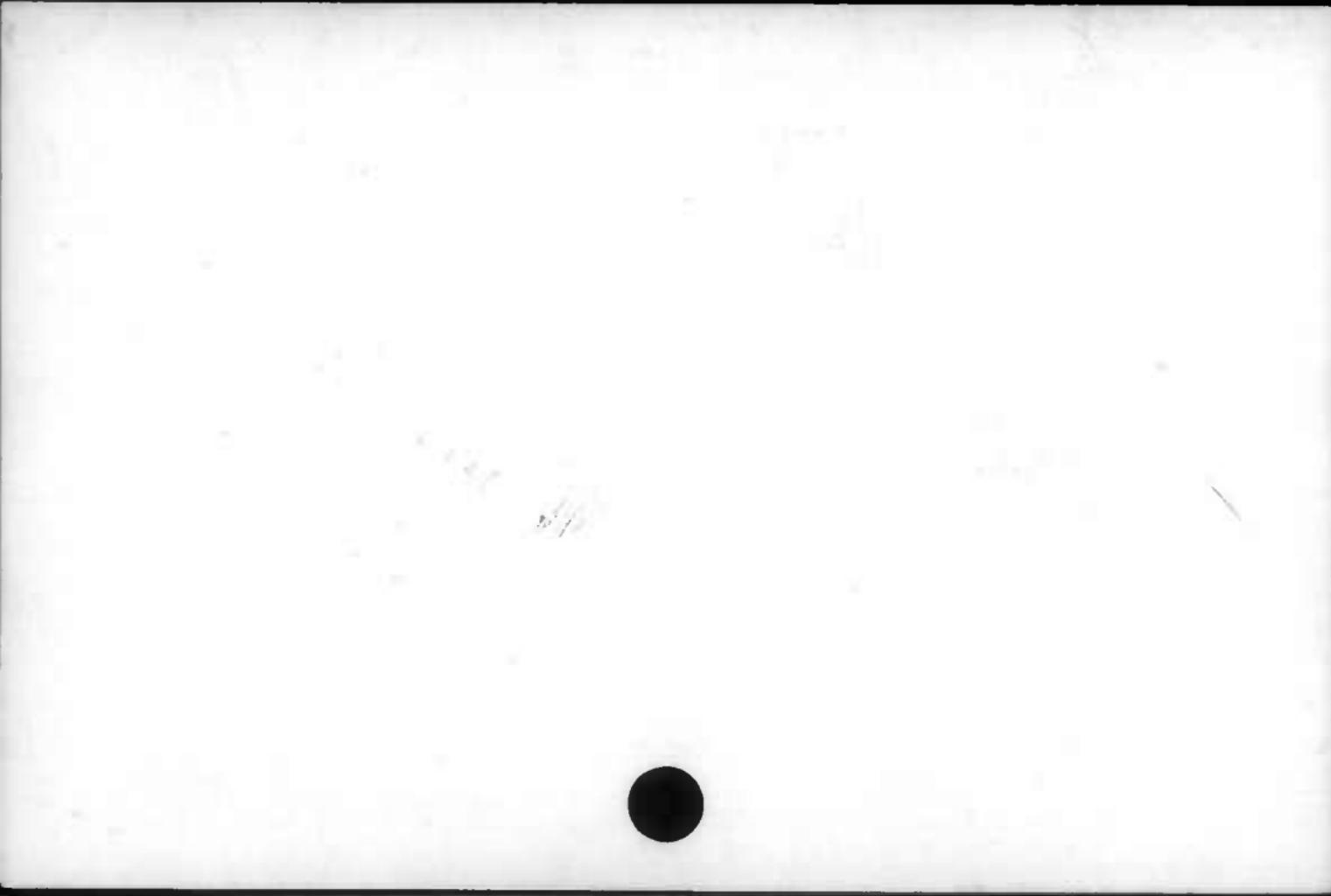
yes

Signature of
Physician

Address

W. F. Taylor M.D.
Laurel Md

Accident or Suicide



Name
in
Full

Helena wedge

CERTIFICATE OF DEATH

✓
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County	Months	Days
Upper Marlboro	Peggy			
Date of death 1900	Month 4	Day 10	Age 20	
Sex Female	Color or Race	Colored	Birth-place	MD
Occupation House wife	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband	Benjamin wedge		
Father's Name Unknown	Father's Birthplace MD			
Mother's Maiden Name Bella Smith	Mother's Birthplace MD			
Name of person giving Information George wedge	How related to deceased Father-in-law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis
immediate Asthenia

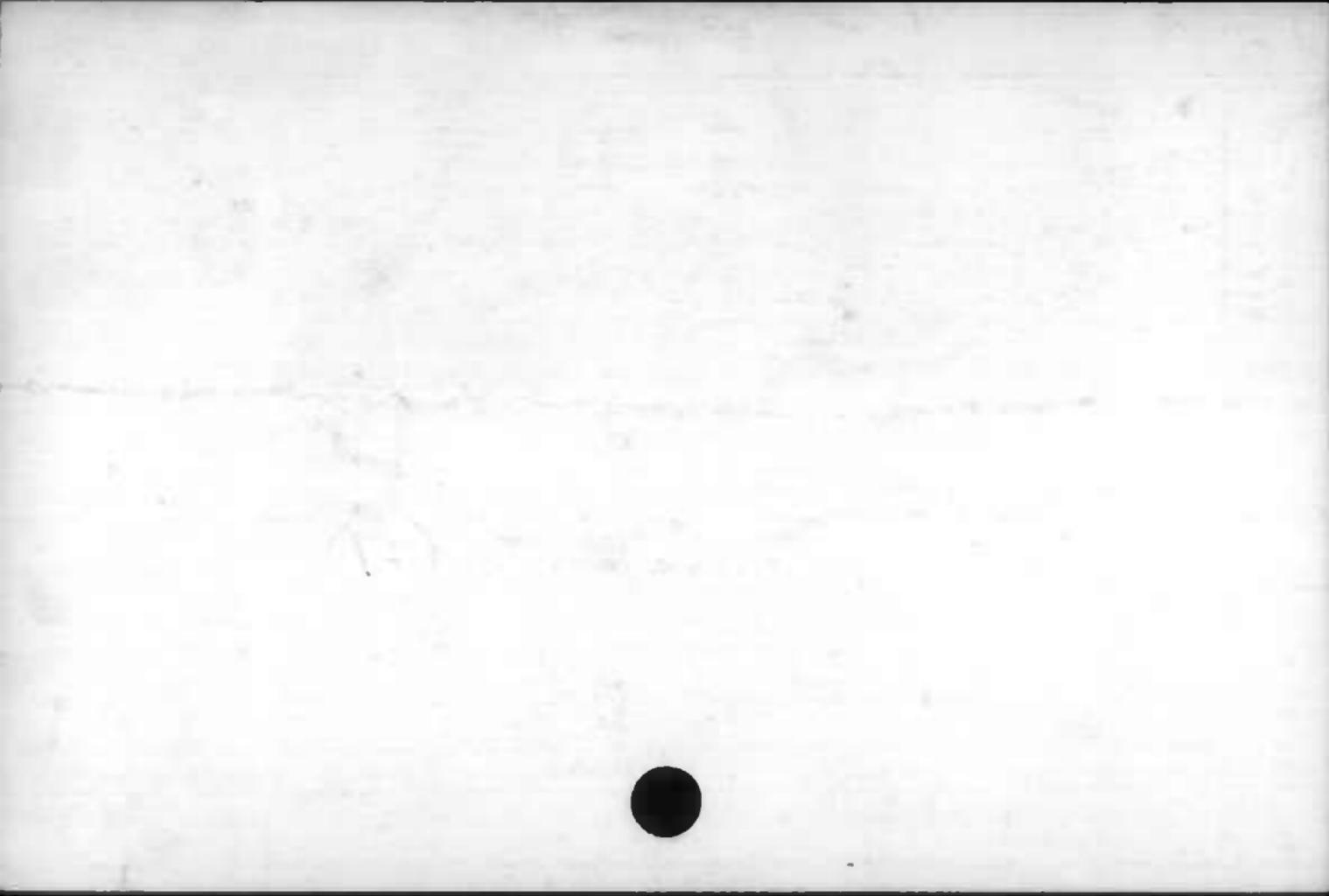
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Reverdy Dassett
Upper Marlboro
MD



Name
in
Full

Infant of J. & Lillian White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1960	April	16	Age	1	19
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Franklin White	Father's Birthplace	Md		
Mother's Maiden Name	Lillian Darling	Mother's Birthplace	S.abotah		
Name of person giving information	Robert White	How related to deceased	Brother.		

CAUSES OF DEATH

Primary	Bronchitis	How long	(99) ✓	
Immediate	Pulmonary Oedema	How long	about 5 days.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. A. Schoonover	
Yes:		Address	Banning D.C.	
Accident or Suicide?	No.			

landover

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Saurel

Date
of death

Month

1900

Day

6

County

P. Geo

CERTIFICATE OF DEATH

MARYLAND

Days

Age

Years

Months

Still Barn

Sex

Male

Color or
Race

Age

Whi.

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Karen Wilkins

Father's
Birthplace

md

Mother's
Maiden Name

Sadie Sargear

Mother's
Birthplace

md

Name of person giving
Information

John Sargear

How related
to deceased

uncle

CAUSES OF DEATH

Primary

Still-born

(S)

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. R. Faust
Saurel Md

Accident or Suicide

